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ART. I.—*Notes on Medical Matters and Medical Men in Paris.* By DAVID W. YANDELL, M.D., of Louisville, Ky.

I take great pleasure in transmitting to you the following letter from Dr. Brooks, the young physician whom I have more than once mentioned as being engaged here in the study of Veterinary medicine. I am sure it will be read with interest. The Agricultural Society of Massachusetts is fortunate in having secured the services of an individual capable of devoting himself to the science with so much ardor as Dr. Brooks has manifested in the subject, and every merciful man will respond heartily to the wish so well expressed at the close of his letter, that the profession which holds a re-

spectable position in all other civilized countries may soon find a place among the reputable avocations of our own. It cannot but strike one as strange that the diseases of the horse, an animal so much admired by Americans, and so necessary to the comfort and efficiency of our race, should have been so little studied. The odium which has hitherto been inseparable in our country from the term *horse doctor* will cease when the subject has enlisted such advocates as the author of this letter. I bespeak for it the careful perusal of the readers of the Journal.

My Dear Yandell:

The Veterinary Science, after many an age of the most unjust and inconceivable neglect, has at last received from the French Government a large portion of the favor and honor to which it is entitled. Especial colleges have been established at Lyons, Toulouse, and Alfort, in the northern, central, and southern points of the kingdom, whence numbers of intelligent young men, thoroughly grounded in the principles and practice of their profession, and imbued with those sentiments of self-respect and independence which true learning and unquestioned value never fail to impart, are yearly sent forth into society to fulfil, conscientiously, their honorable and important missions.

The "Horse Doctor," in the English sense of the term, has happily ceased to exist,—and if the medicine of man has not as yet extended a cordial hand to her younger sister, it is that *La Vétérinaire* has hardly had time to remove the enormous prejudices which ignorance and habit have accumulated against her, and that a certain feeling of hereditary dislike still lingers between the members of two sister sciences.

But the day is at hand, I hope, when the medicine and surgery of domestic animals shall be united, as in times of old, to that of humanity. The great principles of the healing art never change—their application alone varies. There should be then, but one *type* of medical schools, where the

universal laws of science being imparted to all alike, their various subdivisions may by natural aid be perfected.

Claude Bourgelat is a name dear, for a thousand reasons, to the veterinary science. He alone foresaw its future utility and glory—the inestimable advantages which it is destined to render, and now renders, to medicine, agriculture, philanthropy—and only he was gifted with the energy and learning requisite to triumph over the numberless obstacles which obstructed his path. The labors of Bourgelat are almost incredible—naturally fond of the horse, he abandoned for the sake of this noble animal, a career in which he had just made his debut with the greatest credit, and gave himself wholly up to the study of his qualities, mechanism, and diseases. He revised the works of his predecessors, and exposed their many errors, and he has left to posterity some of the most remarkable treatises, upon nearly every branch of veterinary medicine, which have ever appeared. His opinion is still an authority, and even his faults bear the stamp of his honesty and of his genius. The name of *Claude Bourgelat, the Founder of the Veterinary Colleges of France*, is as familiar to the ears of the French students as are their own names, and his writings adorn the shelves of every well selected library.

But I almost forgot that I had promised to give you an account of the Royal College of Alfort. I will henceforth spare you all general reflections, and confine myself to my subject.

Alfort is, as you know, a little village situated upon the road to Lyons, about six miles from Paris. The veterinary school, to which it is indebted for its celebrity, contains upon an average some two hundred and fifty students, of whom about seventy-five enter annually, after having been previously subjected to a general, and, I think, insufficient examination. Diplomas authorizing the title of Veterinary Physician, are conferred upon forty-five or fifty; of this number nearly one-half are destined for the army—entering the several cavalry regiments with the title of *Under-Veteri-*

nary-Assistants, and with a rank corresponding to that of quartermaster.*

The duration of the studies is fixed at four years; examinations taking place at the close of each scholastic year, to decide whether or not the student is fitted to pass into a superior class, and to enter upon its more difficult pursuits. Such as fail to pass a satisfactory examination are obliged to recommence the studies of the year which has elapsed, and those that fail twice in the same examination, † are dismissed as wanting in capacity. As these periodical tests are pretty severe, there is always a certain number of *veterans* (as the backsliders are called) in the inferior classes. A student may thus, *à la rigueur*, be compelled to pass eight consecutive years in the college, and may even then fail to succeed in his final examination, and leave without a diploma.

Chemistry and physics, in their application to veterinary medicine, botany, pharmacy, anatomy, general and special therapeutics, surgery, and hygiéne are the principal branches of science taught at Alfort.

M. Eugene Renault, the Director of the institution, lectures upon Veterinary Jurisprudence, an intimate knowledge of which is all important to the practitioner.‡

The hospitals are spacious and well ventilated; they are capable of receiving nearly one hundred patients, at the moderate rate of fifty cents a day each for boarding, medical advice and surgical operations being entirely gratuitous.

Operations are performed either in the open air, or in the amphitheatre which is lighted from above, and in other respects adapted to the purpose. Their various stages and the accidents liable to attend them are thus advantageously seen by a large number of students at a time.

Diseases of the feet, as in the vicinity of all large cities,

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* Maréchal des logis.

† Except in rare instances.

‡ I am about to give in a paper intended for a northern Journal, a sketch of the laws now in operation in France touching the question of *soundness*.

are very frequent at Alfort; and I think that—thanks to the admirable skill of M. Henri Bouley*—their nature and treatment are better understood here than elsewhere.

Each member of the superior classes has a patient entrusted to his care, for which he is held responsible, and for the state of which he is periodically called upon to account. There is a stable especially destined for abandoned and incurable subjects (*chevaux d'experience*), and within still another, situated at the extremity of the park, are confined glandered horses, and such as are affected with contagous diseases.

Vivisections, on an extensive scale, are performed by the students during the summer months; sixteen horses being sacrificed for this object weekly. Upon each animal are performed the capital and minor operations of veterinary surgery, such as lithotomy, extirpation of the fibro-cartilages of the ears, ligature of the carotid and other arteries, all operations on the feet, venesection in various parts of the body, extraction of the teeth,† etc. Eight students operate in turn upon each subject, when this is practicable; thus, about one hundred operations, of more or less importance, are performed upon each beast; as you may well imagine life rarely lingers to the last. I have no opinion to offer here upon this system, authorised by the French Government, of torturing animals to death, by way of recompense for the services which they may have previously rendered it. The sight is far from being a pleasant one, and its influence upon the minds of the pupils cannot, to say the least, be of a very elevating nature. Are the advantages of the practice sufficient to counterbalance its cruelties? Have we a right to cause one creature to suffer beyond measure, for the benefit of others of its kind—or for our own benefit? The inten-

* It is to be hoped that this gentleman will ere long publish, what is so much needed, a work upon Practical Veterinary Surgery.

† This cruel operation is not, I believe, enjoined by the regulations, but I have seen students extract molar teeth, *en passant*, for their own satisfaction.

tion of these vivisections is in part to habituate the student to the sight of blood, and to teach him to be ever upon his guard against unexpected efforts of his patient.

The museum contains some very interesting objects, that I have not space here to enumerate. The newly elected Professor of Anatomy, M. Gonbaux, will seize, I am sure, every opportunity of adding to its already valuable collection of anatomical and pathological preparations.

The dormitories are in a separate building, which also contains the refectory and kitchens. Each chamber is occupied by six young men. The bed-steads are of iron, (and here I may venture to suggest that it is to be regretted that their use is not more general with us than it is, as well for public schools as in hospitals). Each of its occupants is in turn bound to wash out and keep clean the common room.

There is a botanical garden attached to the institution, in one portion of which the most useful medical plants are cultivated, and in another, those only which are employed in Veterinary Pharmacy.

The dog-kennels are next to the garden; they are sufficiently extensive and pretty well managed. The patients are kept under shelter during the winter season, and in summer they are chained during the day time to the walls of the yard, where they receive the benefit of the air and sun. Affections of the skin, eyes and ears, tetanus, the distemper and hydrophobia, are among the disorders which I have oftenest observed among the dogs at Alfort. A series of very interesting and curious experiments were instituted last year, with the view of testing the contagion of this latter disease from the dog to other animals. I have seen it repeatedly produced in the horse and the sheep. There are few subjects more important and more interesting than this, and it is probable that we shall have before long from the able pen of M. Renault, the most perfect and learned treatise upon hydrophobia (or better still, *rage*) which has ever yet appeared.

There is always a *pig-stye* to be seen at the college, but it is rarely occupied by the animals for which it is intended.

It is quite deserted at the moment in which I write. No very serious attention is paid to the maladies of the pig, although they are theoretically professed in the course of the session. The last occupants of the stye were of English race crossed with that of China. M. Viborg, the director of the Veterinary College of Copenhagen, has written an excellent treatise upon the diseases of this *edible* animal.

In their first year the students at the College at Alfort, are taught to forge, as also to form and apply shoes of various models to the foot of the horse. The forges are constructed upon simple and effective principles. There are six double furnaces at which the students work two at a time, in alphabetical order.

The dissecting rooms are in recently erected buildings, of which certain portions are yet unfinished. They consist of two spacious halls lighted from either side, and communicating with each other through the cabinet of the professor who, thus, is constantly close at hand with his scalpel and advice. For convenience of transport, the subjects are placed upon solid iron carriages, of a peculiar and convenient form.

The laboratory is to be removed at an early period to a new room expressly arranged for it. Another large building for the storing of fodder is in the course of construction.

A professor of horsemanship was formerly attached to the college, but for some reason or other the study of this accomplishment, so useful, if not essential, to the veterinary physician, above all if he be destined for the army, has been suppressed.

The drawing master has also disappeared. This, too, is to be regretted, for the art of drawing is of inestimable service to the anatomist and pathologist.

In this short letter upon the college of Alfort, I have not pretended to broach any of the numerous questions which at present agitate the veterinary world. I have perhaps written at once too little and too much, but should this superficial review fail to satisfy your interest and curiosity concern-

ing the science, I may attempt, upon some future occasion, to do higher justice to so important a subject.

The Veterinary Colleges of France are the most perfect that exist; let us take them for our model, and seek to emancipate in the new world a noble science, that still struggles for independence and justice in the land of our fathers.

Your friend,

EDWARD BROOKS, Jr.

Alfort, June 8th, 1847.

Medical Reform in France.—A most important question, which has for some months past excited a large share of public attention, is the *Medical Reform Bill*, the discussion of which commenced in the Chamber of Peers on the 5th of June. Since any measure calculated to affect the interests of the medical profession in France cannot but be interesting to the profession in the United States, I have thought a brief analysis of the more prominent features of the bill, together with some notice of the existing laws in relation to the practice and teaching of medicine in France, might justly be considered as coming within the province of your correspondent.

Notwithstanding that France may be said to have taken the lead in medical reform for the last ten years, at least, it was not until the *Congrès Médical*, formed of delegates from among the medical practitioners of all parts of the kingdom, which assembled in Paris last November, to the number of about five thousand, that the numerous abuses were made known to the government, and assurances given by the Minister of Public Instruction that he would bring in at the earliest period a bill to relieve the wrongs against which the medical body had so long and perseveringly remonstrated.

Concerning the medical regulations established in March, 1803, to which additions and amendments have been made at different periods, by Royal ordinances and by the Council of Public Instruction, I will endeavor to give the leading points, avoiding, as much as possible, unnecessary details.

The medical body, as now constituted, consists of Doctors in Medicine, and *officiers de Santé;* the former graduates of one of the three universities of Paris, Strasburg, or Montpellier, and entitled to practice in any portion of France, while the latter, an inferior grade, are merely examined by medical juries and can only practice in the department in which this examination was passed.

In order to become a candidate for the former grade, M.D., the person must produce his act of birth; the consent of his father or guardian, if he be under twenty-one years of age; a certificate from a civil authority of good moral character, together with one or two minor requirements; and finally the diploma of Bachelor of Letters and Sciences, though the latter is dispensed with when the aspirant desires merely to become an *officier de Santé.* The period of study for the title of M.D. is four years, during which time the candidates take out sixteen inscriptions, as they are called, which are but certificates of attendance upon the prescribed courses, submit to five examinations, and defend a Thesis, at the cost of one thousand francs, and the price of the diploma being one hundred francs, the combined cost of the whole amounts to eleven hundred francs. The subjects of the examinations may be thus enumerated—

1*st Examination.*—Anatomy and physiology, dissection, the candidate being required to make some designated anatomical preparation in the dissecting rooms in six hours, relative to which he is asked questions.

2*d Examination.*—Internal and external Pathology with operations.

3*d Examination.*—Natural History, Physics, Chemistry, and Pharmacy, the candidate replying demonstratively to the questions addressed to him on chemical substances and medical plants.

4*th Examination.*—Medical Jurisprudence, Materia Medica, and Therapeutics.

5*th Examination*—Consists 1st, in a composition in Latin or French upon a medical or surgical question, the subject of which is determined by lot. 2d, in the examination of one

or more patients in some one of the hospitals, after which they deliver their diagnosis and the treatment which they consider should be adopted. The thesis is required after this last examination. The subject is chosen by the candidate.

Thus, you perceive the first, second, and fifth examinations, and the latter part of the fourth, are eminently practical.

The *officiers de Santé*, as I have remarked, are not required to have the diploma of Bachelor of Letters; they undergo three oral examinations, the first, on Anatomy; the second, on the Elements of Medicine; and the third, on Surgery and Pharmacy. *Officiers de Santé* are prohibited from t king the title of doctor; though through a strange oversight in the law, they may with impunity assume the apellation of "*médecin*," given in common to doctors, *officiers de Santé*, and *vétérinaires*. The new bill proposes to remedy this. *Officiers de Santé* are not allowed to perform important surgical operations, except under the superintendence of a doctor of medicine. The penalties which may be at present enforced against persons practicing illegally, are: a fine of from one hundred to one thousand francs against any individual practicing as doctor; and a fine of from twenty-five to five hundred francs against those practicing as *officiers de santé*. In case of a second offence, the fine may be doubled, and the offender imprisoned for a period not exceeding six months.

This is the curriculum of medical studies for these two degrees, and the state of the medical profession under the present system.

In the new bill the leading points relate—

1st. To the two classes of practitioners, doctors of medicine and *officiers de santé*.

2d. To the repression of illegal practice.

3d. To foreign physicians who desire to practice in France.

The bill proposes the suppression of the *officiers de santé*, who are to be replaced by graduates in medicine who, for a fixed salary, are to give gratuitous medical attendance upon the poor. The Congress demanded this clause by an im-

mense majority, and as Count Beugnot styled it in his report, it may be truly said to be '*la disposition capitale de la nouvelle loi.*' Relative to the second point, the illegal practice of medicine, the new law declares that any person practicing the healing art without having graduated in one of the French Faculties, or without a duly legalized authorization from the French Government, shall be liable to imprisonment for a period of not less than six months, and not exceeding two years; for the second, imprisonment, the minimum period of which is two years, and the maximum five years. A clause at first inserted in the bill, but which has been modified by the committee, provided that all medical men, who might incur the slightest punishment of the simple correctional police, should be deprived of their right to practice. This, as you may well suppose, excited almost universal disapprobation, and certainly, knowing as every Frenchman does for how very trivial offences one may be punished by that not always perfectly just tribunal, the correctional police, not without reason. On the third point, namely, the practice of foreign medical men, it is proposed by the new law that no foreign physician shall be authorized to practice in France, unless it shall have been previously decided by the Royal Council of Public Instruction, that his diploma is equivalent, as an attestation of length of studies and respectability of the university which conferred it, to that granted by the French Faculties. Further, the authorization may be restricted to a certain locality, and confined to a limited period, and is always revocable at pleasure. They are amenable in the same extent as French practitioners to the present laws concerning punishments, and will be in the same degree to any that may be hereafter established. Concerning foreigners who desire to take the degree of Doctor of Medicine in the French Faculties, the diploma of Bachelor of Letters of some university, whose degrees are considered equivalent to those of France, is required. And doctors in medicine or surgery, graduates of foreign faculties who desire to obtain the same grade in one of the faculties of

France, of which, as I have before remarked, there are three, are required to undergo all the trials of the *doctorate*, that is to say, the five examinations and the thesis. They must previously address a request to the Minister of Public Instruction in order to obtain the inscriptions, which are allowed in the proportion of two-thirds of the time spent in foreign universities. Thus, to obtain the sixteen inscriptions equivalent to the four years of study necessary for the doctorate, he must show by certificates that he has studied six years in these universities. The price of the diploma is the same as though he were an inhabitant of France, that is one hundred francs.

The Faculties of France may be said to consist 1st, of Professors of the Faculties of Medicine who lecture on the various branches of medical science; 2d, agrégés or assistant professors; and 3d, of *professeurs particuliers*, or private medical teachers. Professors, assistant professors, and private teachers are all nominated by *concours*. According to the present system doctors in medicine are allowed to contend for any vacancy that may occur in the professorships, and the consequence is that *concours* are incessantly going on, and the host of competitors is often very disproportioned to the importance of the places sought. Thus, last year, there were two vacancies for the situation of surgeon to the hospitals at Paris. There were thirty-two candidates, and the concours lasted five months. The new law proposes to allow only agrégés to be eligible.

Notwithstanding the herculean labors of the medical profession of France in the field of pathological anatomy, while they have laid the medical body throughout the world under lasting obligations and given them an enviable and just celebrity, attracting pupils from every quarter of the civilized globe; notwithstanding the magnificent bequest of Dupuytren of $40,000, for the establishment of a chair of morbid anatomy, a bequest, the spirit of which has been so zealously carried out by the indefatigable and earnest M. Orfila, there is much yet remaining to be done. The new law acting

upon this principle provides for the formation of laboratories, in the faculties and secondary schools, where the student will be forced, by frequent *post-mortem* examinations, to acquire that knowledge of organic lesions which is now deemed so essential a part of the education of the intelligent and accomplished physician.

I append an account of medical education in Great Britain which I met with in a late English Journal, and during my tour through Germany shall endeavor to afford a similar notice of the profession in that country, thus furnishing to the readers of the Journal an outline of the laws regulating medicine in the three nations in which it has received its highest cultivation.

"In Great Britain, the degrees granted to entitle persons to practice medicine are those of doctor of medicine and of licentiate of the college of surgeons; the latter, indeed, should, strictly, only confer the privilege of practicing surgery; but in England, especially, we find a numerous body of practitioners, who have no *medical* degree, yet practice every branch of the profession. The degree of doctor of medicine is conferred in England, by the Universites of Oxford, Cambridge, and London; in Scotland, by those of Edinburgh, Glasgow, St. Andrew's, and Aberdeen; in Ireland, by the University of Dublin, and by the College of Physicians. The surgical degree is conferred by the college of surgeons in London, Dublin, Edinburgh, and Glasgow. The medical practitioners thus constituted are of four classes—pure physicians, pure surgeons, (these two are common to the three kingdoms); physicians who are also surgeons (peculiar to Scotland and Ireland); and general practitioners, a class peculiar to England, who only take out the degree of surgeon, and become members of the Apothecaries' Hall in London. They engage in the practice both of medicine and surgery, and in addition dispense their own medicines. They constitute by far the largest medical body in the United Kingdom, and have of late years formed a powerful association, the object of which is to obtain from government the privilege of founding a college where degrees will be conferred. This was chiefly brought about by the partiality exhibited by the college of surgeons in its nomination of fellows,

the practitioners being in a great measure excluded. Persons not legally qualified to practice are subject to prosecution by the various colleges; the President of the College of Physicians in London having the power of issuing his warrant to bring before him any person illegally practicing within his jurisdiction.

"The schools of *medical instruction* in the three kingdoms are of two kinds—Universities and Colleges, established by royal charter, the professors in which are elected by the General Council; and, secondly, private schools, self-constituted, with self-elected professors. Here we may at once perceive a grave defect, in the permitting men unknown, untried, to instruct others, when they themselves may be grossly ignorant. Thus young men are, perhaps, for years learning what they will have to forget and unlearn afterwards; whilst, should they have not sense to discern, or energy to commence anew, they are thrown upon the public, imbued with false ideas, skilled in *deadly* practice. Such evils, if not entirely prevented, are at least in a great measure avoided where professors are chosen by a public body, the reputation and standing of that body depending to a certain degree on the character and acquirements of the professors it selects; its pupils being drawn to it by their confidence in such selection; whilst the private schools being in many instances but joint-stock associations for putting money into the pockets of self-created teachers, are flocked to by students, as places where they may take out the necessary certificates in the easiest and cheapest manner. For, strange to say, the prices of the various lectures, as well as the length of time required to be spent in professional study, vary in these different establishments; thus we may at any moment see, in the London newspapers, advertisements from different schools and hospitals, literally underselling each other. Certain Universities, as those of Dublin, Edinburgh, Oxford, and Cambridge, will not receive the certificates of lecturers teaching in Colleges of Surgeons, even when teaching surgery; whilst, on the other hand, the College of Surgeons in Dublin retaliates, by refusing the certificates of lecturers in these Universities; though it frequently occurs that the very same individual, who is one year professor at the College of Surgeons, is the next seated in the Academic chair of the University. Again, the Universities of Dublin, Oxford, and Cambridge will only confer the degree of Doctor of Medicine on persons having graduated in Arts, and then

only in about nine years after first entering the University; whilst the Scotch Universities and the Colleges of Surgeons give their degrees without requiring any such graduation in Arts, some after three, some after four, some after five years of study. Yet, with such a difference in the length of time in the course of study required, the general privileges and the titles conferred are the same. Here again, however, a strange anomaly appears; for in certain cities there are privileged bodies, whose members alone are by law entitled to practice in those cities, or within a certain limit of their boundaries. Thus, though the London University confers the degree of Doctor of Medicine, and such Doctor of Medicine is considered fully competent to practice his profession generally throughout the United Kingdom; yet, he dare not, *legally*, practice in London, or within a range of seven miles. Doctors of Medicine of the Scotch Universities, again, are not by law entitled to practice in England, nor in Dublin, except they have the license of the Dublin College of Physicians. And what is the necessary consequence of all this want of uniformity in the regulation of medical practice? Why, that the difficulties thus thrown in the way of recognising who has, and who has not, a right legally to exercise his profession, afford a fair field, and open a broad gate to gross humbug and impudent quackery. And so we find, that in no one country on the surface of the globe has quackery ever reached to such a height, or humbug elevated itself on so lofty a pinnacle, as in England. It matters not of what kind, or what description, so it be but quackery. St. John Long with his liniment—Animal Magnetism, with its somnambulists—Homœopathy, with its millionth-fraction doses—Hydropathy, with its water and its blankets—Holloway, with his ointment—all! all alike have gulled, alike have robbed, alike have killed the British public. Why, it has been calculated, from undeniable statistics, that the Battle of Waterloo was fatal to far fewer numbers than the pills of one advertisement of a celebrated quack within a short period of years. Yes, in England quackery sits enthroned on a hecatomb of fated dupes, because the English Legislature will not interfere, and, by equalizing instruction, and conferring similar rights on similarly educated men, cause the public to rely on their skill, and place confidence in their attainments. Science itself is depreciated, and men of science inevitably lowered in public estimation, in any country where the pretender is permitted to enjoy the same privileges and

rights as the true man; whilst protracted misery, incurable disease, and agonizing death must fall to the lot of thousands thus allowed by a careless Legislature to be yearly sacrificed to ignorance and quackery."

Your readers know the celebrity of Ricord as a writer on venereal diseases. I translate the following case from his work just published on that subject:

Case of Syphilis. R. J., 31 years of age, born in Ireland, was admitted into the hospital *Du Midi* on the 23d of June, 1846. He was born of healthy parents and possessed a good constitution, of lymphatic temperament. He had had in infancy a slight attack of small pox.

He contracted, nine years ago, a gonorrhea, and at the same time a chancre upon the glans penis, which was soon accompanied by two bubos. The bubos took on an acute inflammation, *suppurated*, and having been opened by the aid of a bistoury, remained unhealed for more than a month afterwards. The chancre was not cicatrized until the end of four months. During the whole of these accidents an energetic mercurial treatment was practiced, which caused a severe ptyalism. No other symptom supervened, and his health remained perfect during the four following years. At this period, R***, who had still continued to see women, observed a new swelling in one of the inguinal regions without other antecedent; the swelling was of an indolent character; little inflammation or pain existed; nevertheless it attained considerable size, and terminated in suppuration. Seven weeks expired after the spontaneous opening of this bubo before it healed. This time no specific treatment was employed, and for three years no accident supervened. Two years since, a few days after connection with a public woman, the patient perceived a little excoriation in the fossæ of the glans penis; this excoriation suppurated slightly and was accompanied by very little itching. It soon presented a rounded appearance; its surface was of a grey color, and its base, which had gradually attained the size of the little finger nail, became prominent and excessively hard. Scarcely fif-

teen days had elapsed since the commencement of this indolent ulceration, when already several glands of both the inguinal regions became swollen, though the tumefaction was not very great, and was unattended by any pain. The patient was submitted to a pretty energetic mercurial treatment for four months, at the same time he took bitter infusions and put himself upon a severe regimen. The chancre healed slowly, and the swellings in the inguinal regions disappeared *without suppurating*. Notwithstanding the mercurial treatment, however, ill defined pains came on during the third month, in the neighborhood of the great articulations, with a supra-orbital headache at night, both of which disappeared at the end of a month,—the patient was thought cured and the use of mercurials was suspended. Eight months later, however, some ulcerations appeared on the tonsils, the posterior cervical glands became swollen, and there was some difficulty in the movements of the neck. It was deemed necessary to have recourse again to mercurials, and continue their use for nearly three months, when the cure was considered radical and their employment relinquished.

Six months since the patient noticed upon his legs little spots of a dull red color, unaccompanied with pain or itching. These spots were succeeded by little suppurating pimples which gradually increased in size, became more and more purulent, and finally terminated in a scab. This scab at first of little extent, slowly increased in size by its circumference, while in proportion its centre became convex. At its points, when the increase was still going on, an areola of a claret red, at the same time surrounded and preceded each new zone of the epidermis, which the more recent suppuration had elevated, and which, drying in its turn, served to extend still further and further the base of the scab. This, after being detached, gave vent to a thin, reddish, sanguinolent pus. In the points where the eruption had ceased to make further progress, the scabs, at first of a yellowish, then of a brownish green, became black; they

were hard like horn, giving upon percussion a dry sound; presenting no longer the appearance of an areola, but were surrounded by a narrow circle where the epidermis was in a state of degeneration. Finally, the eruption was limited to the lower limbs, where there were four scabs upon the right and one upon the left. Besides, upon the right, the elementary point of departure was still to be seen what consisted only in a vesicular elevation of the epidermis, with an extensive areola of a dull red color. This form of eruption which always commences with a small vesicle and not by a bulla, can be arrested at this period, or it may pass through a succession of developments which class it often with ecthyma, before arriving at those proportions to which the epithet of *rupia* can be applied. However this may be, after the fall of the scabs which had been hastened by the application of poultices, beneath the one which occupied the region below the patella an irregular ulcerating surface was observed, which from its appearance indicated that it had served as the base to a cluster of eruptions. A part of its surface was already cicatrized. In other points the ulcerations being united, of an irregular round form, presented jagged inverted edges, while their bases, of a brownish green color, were covered with a pultaceous matter similar to that observed in primitive accidents. The scabby crust upon the anterior part of the leg concealed a surface of vermilion red, which was formed of fleshy granulations of a healthy character, somewhat elevated above the level of the neighboring parts. In other places, the crusts or scabs concealed only radiated cicatrices of a brown color, already somewhat contracted and presenting a vascular arborescence. The eruption which dated now six months, was not the seat of any itching, and only became painful when the patient was standing or walking, which caused the scab to crack, which was followed by suppuration and sometimes bleeding. Six weeks before the entry of the patient into the hospital, and a few days after his last sexual connection, an ulceration which attacked a part of the glans was developed upon the semi-mu-

cous reflection of the prepuce. This ulceration assumed the pultaceous phagadenic form.

The treatment consisted in the use of a decoction of *quassia amara* sweetened with the syrup of gentian, and during the first eight days a pill composed of one grain of the protoiodide of mercury and three grains of the iodide of potassium; eight days after the dose was increased to two pills, then three, then four, each at intervals of eight days. The iodide of potassium was given in the dose of three grammes (about 32 gr.14) during the whole course of the treatment. After the crusts became detached the ulcerations were dressed with a solution of the tincture of iodine (2 grammes of the tincture of iodine to a hundred grammes of distilled water, with a sufficient quantity of the iodide of potassium to dissolve the iodine).

After six weeks of treatment the ulceration upon the penis was healed, but it was not until the end of the fourth month that the legs were entirely so. Six months later the cicatrices were still a little bluish at their centres, of a dull white at their circumference, and presented a radiated honey-comb appearance. They resembled the scars produced by burns.

The case that we have just presented to the reader, is interesting under more than one point of view, and constitutes in itself one of those cases which illustrate the whole doctrine. The patient contracts, in the first instance, a gonorrhea, a chancre and some bubos; he detects no *induration* of the base of the chancre; the bubos *suppurate;* no constitutional symptoms supervene; it is true a mercurial treatment was pursued, but we shall see further on if it is to this circumstance that the absence of all consecutive symptoms should be attributed. A long time after this first affection, and a few days after suspicious sexual intercourse, a bubo makes its appearance, a bubo without *any other antecedent*, and which the supporters of the doctrine that bubos may exist as primary symptoms should class in this category. The swelling of the glands—of which the course has evidently

been that of a subacute strumous inflammation or of a sympathetic idiopathic glandular affection, suppurates,—no specific treatment is employed, and no secondary accidents occur. Finally, a new ulceration of the genital organs follows another intercourse, which according to the patient's account becomes extremely hard. The swelling of the glands which accompanies it does not become voluminous, remains indolent, and does not suppurate. The mercurial treatment is begun afresh, and like the first lasts four months, but nevertheless does not prevent the successive evolution of constitutional symptoms for the reason that it is inefficient. After the last intercourse a new ulceration appears upon the penis—now that the syphilitic diathesis is already formed; it takes on the *phagadenic form*, the patient having lost his predisposition to contract an indurated chancre. This is what we witness every day when we observe well, when we rigorously follow the chain of symptoms and the connection of cause and effect. Let us learn then to appreciate the nature of these manifestations. Let the physician who collects cases for the benefit of science take the trouble to write their history himself. Let him sketch the features of the disease and give its diagnosis without permitting himself to be deceived by the prejudices or ignorance of the patient. Then when the diagnosis has been accurate, when account has been taken of all the causes of error that we have pointed out elsewhere, we can affirm that no constitutional symptoms will follow as a sequel to a non-indurated chancre with a suppurating bubo. The diathesis does not become established, and consequently a mercurial treatment, to which we might be disposed to attribute the honor of the cure, is not only useless but may be injurious, may impair the constitution and tend to render, as the foregoing case seems to prove, the ulterior accidents more serious. We can also rest assured that an inflammation of the glands which does not depend upon indurated chancre will not (whatever may be the treatment) be followed by a constitutional infection. But we can affirm that when a chancre presents the specific induration.

when the swellings of the neighboring glands remain indolent and do not suppurate, that the diathesis is established; that in a given time and within certain determinate limits the appearance of constitutional symptoms will be inevitable; that the mercurial treatment given at the proper time, form, and dose, may, perhaps, entirely prevent their appearance or only retard or arrest it in some of its manifestations, as the present case exemplifies.

Finally, when the diathesis is established it does not appear more disposed to multiply itself than other diatheses; if the patient contracts new primitive symptoms these remain local and, as a proof this disposition, they no longer become indurated. But on the contrary, if the constitution has been a long time under the influence of the sympathetic diathesis, which has not been subjected to a methodical treatment, or if a bad treatment, or especially a mercurial treatment has impaired the constitution, then the primitive symptoms have a great tendency to take on a severe type, and often one of the varieties of the phagadenic form.

The surgeon of *La Pitié* is no more! The iron-framed, the strong-minded, the fearless Lisfranc is gone. Whatever may have been the opinions of his professional associates respecting his heart, no one can deny that he has left ineffaceable marks of his intellect upon the vast fields in which he labored; and although but few of them followed his remains to their final resting place, the time will come when, viewing his career with less of prejudice and animosity, all will pronounce upon him a fair and just judgment and number him among the "law givers" of medicine.

Jacques Lisfranc was born in the department of Loire in the year 1789. Commencing his studies at Lyons, he received the degree of Doctor of Medicine in Paris in 1812. He entered the campaign of Dresden as assistant physician to one of the divisions of the army, and was honorably noticed by its great commander. Upon his return he filled the position of assistant physician at *Hôtel Dieu* in Paris. In

1818 he entered with success the concours for the *bureau central;* in 1823 he was equally successful in his contest for the assistant professorship in the faculty; in the following year he was appointed second surgeon to *La Pitié* hospital, and almost immediately afterwards, Béclard dying, he became first surgeon.

It was here, and dating from this period, that he began to make his investigations concerning the diseases of the genital organs of the female, and it was also about this time that he turned his mind to operative medicine, for which he has since done so much.

The mind of Lisfranc cannot be said to have been a quick or brilliant one, but it was patient, acute, and laborious, a mind for analysis and minute investigation, that, imbued with a sound erudition, moved with regular and collected steps. Hence the vigor and perspicuity with which he describes his operations. Hence the value of his clinical lectures, and it is on this account, as much as on any other, that the medical world has reason to deplore that death did not spare him until at least he could have completed the two works on which he was engaged, *Médicine Operatoire*, and *Clinique de l'hôpital de la Pitié*. Few writers have published more extensively than Lisfranc. Commencing with his inaugural thesis, he has continued, in the midst of his onerous hospital duties, to which he attended with a conscientiousness well worthy of imitation, and in the midst of one of the largest private practices in Paris, to bring forth memoir upon memoir with a rapidity truly surprising. The works upon which he was laboring at the time of his death were meant by him to be his most important, and his chief regret seemed to be that he could not live to complete them. Since his inaugural thesis, which he published in 1813, he has given to the world memoirs on the following subjects, besides others that I shall not stop to enumerate: Upon the amputation of the arm at the shoulder joint; upon the amputation of the foot at the tarso-metatarsal articulation (1815); upon a new method of operating for stone in the female; new methods and processes

in amputating at the scapulo-humeral and coxo-femoral articulations (1823); upon the employment of the chloro-oxide of sodium and calcium in the treatment of simple ulcers; upon amputations practiced upon the lardaceous and non-scirrhous tumors; upon lachrymal tumors and fistula cured without operation (1826); upon white swelling of the articulations; upon scirrhus; upon the general rules for disarticulations; upon compression employed to reduce indurations.

As a teacher Lisfranc was much admired, and his clinics were attended by crowds of pupils anxious to listen to his clear, practical instructions, and witness the operations in which he exhibited so much skill. His personal appearance aided in raising him to an eminence which his superior intellect enabled him to maintain. He was lofty in stature, of a stately gait, and robust form; his features though large were regular, and his deep-set, restless, penetrating eye, expansive forehead, and pale, anxious, thoughtful expression, gave to him an appearance in which the beholder was at once interested. His temper was an unhappy one, owing in part, it is said, to disappointment, and this infirmity kept him in incessant feuds with his professional brethren.

During the life time of Dupuytren he was the object of Lisfranc's peculiar hatred, and after the death of that great rival, Velpeau became the subject of his bitter invectives. In the midst of one of his most interesting lectures, without any apparent provocation, not unfrequently he would pause, drop his subject, and pour forth a furious philippic against some colleague whose doctrines or behavior had excited his displeasure. It is not to be denied that his manner to his patients was also harsh and impatient, and that in his morning visits he sometimes gave himself up to sudden transports of anger. Pupils, hospital physicians and patients were alike required to yield perfect and entire submission, not only to his opinions, but his whims and caprices, any departure being visited, instantly and in public, by sharp rebuke garnished with curses. Still, Lisfranc was possessed of generous qualities of the heart for which he has not had

credit. He was capable of magnanimity towards his rivals and revilers, as the following anecdote will testify. One of these, who had been exceedingly bitter against him about the time that he promulgated the idea of amputating the neck of the uterus, became a candidate for a vacancy in the Royal Academy of Medicine. Lisfranc was the first to second his claims and to press his merits upon the attention of the members. By his vote and his influence the candidate was raised to the eminence he coveted. When some one afterwards expressed to Lisfranc surprise that he should have aided one known to be so much his enemy, he replied that "where talent and science were concerned he always voted with his head, never with his heart."

Instances of this kind are not rare in Lisfranc's history, and although in the course of his long, eventful life he made many bitter enemies, he has left behind him many true friends. His purse and his professional services were ever subject to the calls of charity, and in his death many a poor family has lost a stay and support, a kind and ready benefactor. The church on the day of his burial was filled with the poor to whom he had rendered services, and many were the tears that trickled down the tanned faces of the laboring men as they took their places in that long funeral procession. He died of pseudo-membranous croup, after four weeks of suffering. He requested that tracheotomy might be performed, but the operation was declined, as false membranes were already formed in the pharynx, œsophagus, larynx, bronchi &c.

In the course of the few short months of this year how many lights have gone out in our profession! Warner, Revere, McClellan, Wagner, Ramsbotham, Lisfranc—"how fast has brother followed brother from sunshine to the sunless land!" Peace to their manes, honor to their dust!

Paris, June 30th, 1847.

ART. II.—*The Black Death in Florence*, translated from the Italian of Boccacio. By WM. M. BOLING, M.D., of Montgomery, Ala.

The years of the fruitful incarnation of the Son of God had reached the number of 1348, when in the famous city of Florence,—beautiful beyond any other of Italy,—happened the deadly pestilence, which,—through the operation of superior agencies, or for our iniquitous deeds, by the just wrath of God, in correction sent upon mortals,—some few years before, had commenced in oriental parts. Destroying innumerable lives, without interruption it spread from place to place, continuing its terrible march towards the occident. Neither judgment nor human foresight was of any avail; for the city was purged of much filth, by officers appointed for the purpose, and the entrance of all sick persons prohibited. Many good counsels were given for the preservation of health, and, to the same end also, humble supplications, not once, but many times, both in procession and otherwise, by devout persons, to God were made; as in the commencement of the spring of the year before named, horribly began its dolorous ravages; and in a miraculous manner too, to shew itself, and not as it had done in the east, with a discharge of blood from the nose—a manifest sign of inevitable death to whomsoever it occurred—but, in the commencement of this in men and women likewise, either in the groins or armpits, arose certain tumors—of which some were small, some larger, from the size of an egg to that of a common apple—which the vulgar called biles. From the two parts of the body already named, the aforesaid mortiferous biles indifferently to all parts, began to spread. And subsequently from this, the character of the aforesaid infirmity, changed into black or livid splotches, which in many appeared on the arms and thighs, and indeed on every other part of the body. In some they were large and sparse, in others minute and close together, as the biles at first had been; and also as these had

been, were they, a certain indication of death to whomsoever they occurred.

For the cure of the disease, neither the counsel of the physician, nor the virtue of any medicine seemed of value or advantage. On the contrary, either that the nature of the disease would not admit of cure, or that the physicians, (of whom, besides the scientific, as well females as males, without having ever had any medical learning, the number became very great), ignorant of its true nature, were consequently incapable of treating it properly; not only did very few recover, but rather almost all, within the third day of the appearance of the symptoms just named, some sooner, others later, without any fever or other accident, died.

This pestilence was of greater power too, because, from the sick, to the well who had communication with them, it spread, not otherwise than as fire among dry or greasy substances, piled closely together. Further, also, the infection had this power, that, not only to talk to or approach the sick, caused the well to become sick, or was the occasion of their common death; but likewise to touch the clothes or any other thing which had been used or touched by the sick, seemed to communicate the disease to whoever touched them. A marvellous thing I am going to relate, and which if it had not been seen by the eyes of many and my own, scarcely would I believe it, much less dare to write it, however worthy of credit the narrator might be. I say, then, that so strong was the quality of communication of the disease from one to another, that not only man to man, extended it, but what is much more remarkable, though many times observed, the touch of the things of one who had been sick, or who had died of the disease, by any other animal of a different species from man, not only contaminated it with the disease, but caused its death within a very brief period. An instance of this kind, which with others, (as I have before remarked) I observed with my own eyes, I will relate. The rags of a poor man who had died of the disease, having been thrown into the public street, and two hogs coming

across them, and according to their custom, first rooting them about with their noses, and then taking them in their teeth and shaking them around their cheeks, in a short time after staggering about, both fell to the earth dead upon the rags, as if they had taken poison.

From these things, and many others of a similar character, or more remarkable, arose divers fears and fancies in those who yet remained alive; and inclined all to the same cruel determination, which was, to shun and fly from the sick, and the things which had belonged to them; and in thus acting, each one thought he would secure his own safety.

There were some, who thinking that to live temperately, and guard against every superfluity, would have much efficacy in preventing the disease, with their families collected and shut up in houses where none were sick, lived separate from all others, and using in all temperance only the most wholesome food and the finest wines, avoiding every luxury, not speaking to any one, or admitting news of the dead or dying, from without; with music, and such other amusements as they were able to procure, passed their time. Others of a different opinion, affirmed, that to drink freely, to feast, to go about singing and rejoicing, to satisfy the desires in every thing possible, and that which happened, to laugh and make merry, was a certain medicine against the disease. Accordingly, as they said, they acted in so far as they were able; night and day going, now to this tavern, now to that, drinking without will, and without measure; and more than this, whatever in the houses of others they found to their pleasure or taste, they made use of. This they were free to do, seeing that others also (careless of the future) had, like themselves, abandoned their affairs, and hence the most of the houses had become common; and thus the stranger acted in any he entered as might have done the proper master himself; and pursuing this bestial course, they fled invariably, with all their power from the sick.

In this great affliction and misery of our city, the revered authority of law, Divine as well as human, was prostrate as

it were and null; for the ministers and executors of these, as other men, were either all sick or dead, or so destitute of servants, that they were incapable of performing any of their duties, and consequently each person was permitted in all things, to pursue his own inclinations.

Many others pursued a middle course, between that of the two parties already named; not restraining themselves so much as the first in regard to diet, nor yet indulging so freely in wine and other excesses as the second, but of each used a sufficiency to satisfy the appetite. Nor did they shut themselves up in houses, but went around, carrying in their hands, some, flowers, some odoriferous herbs, and others various kinds of spices, of which they frequently inhaled the perfume, believing it to be an excellent thing with such odors to comfort the brain, seeing that the whole atmosphere seemed laden and stinking with the stench arising from drugs, and the dead bodies.

Some there were, of a more heartless disposition, (as perhaps it was the safest) who said that no medicine was better against the plague, nor so potent, as the flying from it; and impelled by this opinion, caring for nothing but themselves, numbers, both men and women, abandoned the city, their property, their friends, their own proper houses and dwelling places, and sought out others, mostly in the country; as if the wrath of God, to punish the iniquity of man, could not follow them with pestilence; but provoked against, intended to afflict only those who were found within the walls of the city, seeming to think, too, that none should remain, or that the last hour of all such had come.

All did not die of any of these different classes, neither did all of any one of them escape. On the contrary, many of each of them growing sick, and—having in every place themselves when they were well, set the example to those who yet remained well,—abandoned by all, died. Not only did one citizen avoid another, neighbors become regardless of each other, relatives visit each other never or seldom, and then without approaching closely; but, with such alarm had

this tribulation filled the breasts of both men and women, that one brother abandoned another, the uncle the nephew, the sister the brother, and often the wife the husband; and what is still more astonishing, and scarcely to be credited, fathers and mothers refused to visit or serve their children, as if they were not theirs. On this account, to those who fell sick,—of whom the number both male and female was incredible—no other assistance remained, but from either the charity of friends—and of these there were few—or the avarice of hirelings, who served on their own terms, and for exorbitant wages; and notwithstanding this, few could be procured; and these, both men and women, were so ignorant, and the most of them so unaccustomed to such service, that they were of no other use than to hand to the sick such things as they asked for, or to watch when they died; and in such service, many of them, with the profits of their hire, lost their lives also.

From the sick being thus abandoned by neighbors, relatives, and friends, and from the scarcity of nurses, originated a custom, before unheard of, that, ladies, however beautiful, elegant, or noble of birth, being sick, were willing to be nursed by men, young or not, and to them without shame would expose their persons as they would have done to women; so much did the necessity of their condition overcome their native modesty, and this perhaps afterwards was the cause of less virtue in those who recovered.

Many died who perhaps if they had been assisted would have recovered; hence from the want of suitable attention—which the sick could not procure—and the violence of the pestilence itself, so great in the city was the multitude of those who by day and by night died, that it was wonderful to hear of, much less to behold; and as if from necessity things contrary to established custom among the citizens originated, with those who yet survived. It was the custom before, as we see practiced at the present day, for the female friends and neighbors, to collect in the house of the dead,

and there to lament with and console the bereaved; and on the other part also, before the house with the male relatives united the neighbors and other citizens, and according to the rank of the dead came the clergy; and upon the shoulders of equals, with funeral pomp, chants, and lighted tapers, to that church which before death had been selected, the corpse was carried; which things, after the pestilence commenced to rage with violence, entirely, or in a great measure, ceased, and others, altogether new, in their place were adopted; because, not only did people die without this numerous collection of females around them, but many there were who passed from this life without a witness, and few there were to whom the pious lamentations and bitter tears of kindred were conceded. On the contrary, in place of these, were found laughter, jesting, and hilarity, which course the females, setting aside all womanly piety, more especially pursued, believing it conducive to health. There were few whose remains were accompanied to the church by more than one-tenth or twelfth of their neighbors; and not the honorable and valued citizens—but a set of grave-diggers, newly sprung up from the lower ranks, supporting the hearse—performed this delicate service; and with hurried steps, not to that church which before death had been selected, but to the nearest, in most instances, they carried it, behind four or five priests—who with the aid of the aforesaid grave-diggers —without fatiguing themselves with a long or solemn service, in the first unoccupied grave they found, hastily placed the corpse.

Among the lower ranks, and perhaps in a large portion of the middle, did the greatest misery prevail; because these, mostly, either by hope or poverty retained, remaining in their own houses and neighborhoods, by thousands a day sickened, and, being neither nursed nor aided with any thing, as it were without any attention, died. Many there were, who in the public streets, both by day and by night, breathed their last; and many also who died in their houses rather from the odor arising from their putrifying bodies ,than other-

wise, gave evidence to their neighbors, that they were no more; and with dead bodies houses everywhere seemed filled.

There was among neighbors principally a course of this kind pursued:—Moved, not less by the fear that the corruption of the bodies might prove noxious, than by charity for the departed—by the assistance of porters, when these could be procured—they dragged the bodies of the dead from their houses, and placed them before the doors, where, in the morning especially, by the passer-by, they might be seen without number. They also caused hearses to be brought, but so numerous were the dead, that from a deficiency of these, the bodies were placed upon any kind of boards that could be procured. Nor was there but one only that carried two or three at once, nor did this happen only a single time, but many might be encountered, which bore the wife and the husband, two or three brothers, or the father and son, or similar burthens. And many times it happened, that two priests, going with the cross in front of one hearse, three or four other hearses, by the bearers, were added to the procession; and instead of one body which they supposed they had to inter, found seven or eight, and sometimes more. Nor were they with tears, or tapers, or company honored; on the contrary, things had arrived at such a pass, that men who died, were regarded, or cared as little for, as goats would be at the present day.

For the interment of the great number of bodies, which every day and almost every hour were carried to the churches, the consecrated ground not being sufficient, to give to each an appropriate place according to ancient custom, after every part was filled, deep pits were dug in the cemeteries in which in hundreds were placed those that followed, piled, as merchandise in vessels, layer upon layer, covered lightly with earth, till they reached the top.

And that to the end, that in regard to our passed miseries, in every particular I need not confine myself to the city—I will say, that the pestilence, passing through this, did not

spare therefore, in any respect, the surrounding country, where (setting aside the castles, in which on a smaller scale, the same took place as in the city) in the scattered villages, the poor and miserable laborers, and their families without the care of the physician or the aid of nurses, in the roads, in the fields, and in their houses, by day and by night, without distinction died, not as human beings, but as animals. On which account, these in regard to ancient custom, like the citizens, became indifferent, caring for neither their property nor their business. On the contrary, all, as if the day had arrived on which they might expect death, neglected their flocks, the cultivation of the soil, and the gathering of its products; seeming anxious only to make way with what they had already laid up. Wherefore it happened that the cattle, the asses, the sheep, the goats, the swine, the poultry, and even man's faithful servant, the dog—neglected at home—wandered at liberty through the fields, where the grain, abandoned, lay cut, but ungathered. And many like rational beings, after having fed well through the day, at night returned, well filled, to their proper sheds, without the care of the herdsman.

But leaving the country, and returning to the city, what further can be said of the extent of the distress, than that such and so great was the cruelty of Heaven, and perhaps in part of man too, that between March and July, from the deadly nature of the malady, and from many of the sick being badly nursed, or—through the dread which possessed the well—abandoned altogether in their distress, over a hundred thousand human beings, it is believed for certain, died within the walls of the city of Florence; though perhaps before the deadly visitant, it may not have been supposed to contain so many. Oh, how many magnificent palaces, how many beautiful houses, how many noble habitations remained empty, even to the last servant! Oh, how many ancient families, how many ample inheritances, what amassed wealth, remained without a lawful inheritant! How many brave men, how

many beautiful ladies, how many gay youths, who, not by ordinary persons, but by Galen, Hippocrates, or Æsculapias would have been pronounced well, at noon dined with their relatives, companions, and friends, and in the evening after, in the other world, supped with the departed!

Montgomery, Ala., April 8th, 1847.

ART. III.—*A Case of Vesico-Vaginal Fistula remedied by Caustic.* By ELAM W. HARRIS, M.D., of Elm Wood, Cape Girardeau county, Mo.

Mrs. C., a married lady, aged 30 years, presented herself to me early in February last, laboring under the unfortunate, painful, and disgusting infirmity of vesico-vaginal fistula.—Her garments were constantly wet; the vaginal cavity, labia and thighs bathed with urine, in an erysipelatous condition, and exquisitely tender. The complaint had existed for five years, and occurred seven or eight days after a tedious first labor, and violently severe manipulations of her midwife. In addition to the soreness caused by the irritation of the urine, she suffered violent pain in the bladder, which often prevented sleep whole nights; she sometimes passed urine the natural way for a day or two at a time, but always with great pain, and if, during her monthly periods, the urine is discharged through the urethra it is mixed with the catamenial fluid, just as it is when the urine passes through the fistula and vagina.

The parts being too sore to attempt any exploration, recumbency, aperients, fomentation, and tepid lotions were enjoined. In a few days, her condition being much improved, the finger was introduced into the vagina, the walls of which felt hard and irregular, presenting to the finger the sensation of cicatrices. No os tincæ or neck of the womb could be felt. The vaginal speculum was now carefully inserted into the vagina which terminated in a round sack-like cavity

without anything like the neck of a womb projecting into it. Instead of an os tincæ, a small opening was found large enough to admit a silver probe which entered the uterus: about three-quarters of an inch from this small aperture, in the anterior wall of the vagina, was found an oblique fistulous opening into the bladder (five lines in extent), through which the urine could be seen flowing. The bladder was then sounded, and I soon convinced myself of the existence of a calculus. The patient was informed that the only relief that could be afforded was by extracting the stone, and that there was barely a hope that the fistula might be healed, and thereby relief obtained from the troublesome and disgusting incontinence. She replied that she would willingly submit to *any* operation rather than remain in her miserable condition.

On the second day after examination, a long delicate pair of forceps was introduced through the meatus urinarius, with a bistoury at hand, to make the proper incision if found to be necessary for the extraction of the stone. By gently and gradually opening the chaps of the forceps, the urethra was sufficiently dilated in about twelve minutes, (with very little pain), to enable me to take hold of the stone. In endeavoring to get a firm grasp, this was crushed to pieces, which I considered a fortunate occurrence; the fragments were removed with the forceps and syringe, at a sitting of a few minutes each day for five days, when no more could be found. Some of the particles passed through the fistula and were washed out of the vagina with a syringe. I weighed four drachms and six grains of gravel saved, and there was fully as much lost. No unpleasant symptom occurred, and she was permitted to walk about, expressing great gratification on account of freedom from pain.

The incontinence was still annoying, and on the sixth day after the removal of the last of the gravel, the speculum was again introduced, and a piece of solid lunar caustic made fast by a thread in the same forceps used for extracting the

stone, was carried up through the speculum into the vesico-vaginal opening, and rubbed on the edges and angle of the wound, until they were completely cauterized. A tube was firmly fixed in the bladder to conduct the urine into a vessel placed below, and emollient injections daily used. On the third day there was tenderness and pain in the pelvic region, fever and bilious vomiting. The catheter was removed and by the use of the lancet, an emetic, and fomentations, these symptoms were relieved. The catheter was then replaced and not removed until the eighth day, when to my great satisfaction it was found that she could retain the urine and pass it per vias naturales.

Thus has a cure been obtained of a loathsome malady, which at a time still not very remote was supposed to be beyond the resources of art.

I saw Mrs. C. yesterday, and she informed me that she had menstruated three times since the operation without difficulty or pain, but that the menstrual fluid passes from the bladder mingled with the urine, showing, I think, the existence of utero-vesical fistula. Fears are entertained that particles of the menstrual fluid retained in the bladder may form the nucleus of another stone. The woman, however, is contented and happy.

June 2, 1847.

ART. IV.—*A Case of Delirium Tremens induced by the inordinate Use of Tobacco.* By WM. A. GORDON, M.D., of Harrisburg, Mo.

Last spring, while on a visit to my relations in the southern part of Kentucky, I met with the following case of delirium tremens. The patient, aged 71 years, had been smoking tobacco to great excess for a number of years. At length, a short time before I saw him, he resolved to abandon the use of it altogether. The day on which he formed this resolution

he smoked, in quick succession, nine cigars, which was followed by considerable nausea and giddiness for three days. These symptoms then passed off and his health for a short time seemed better than usual; but after this brief interval he fell into a lethargic state from which he was with difficulty aroused. This condition was succeeded by the symptoms of a true delirium tremens. He was wakeful, agitated, talkative, and alarmed at imaginary objects around his bed. His pulse was about 85 a minute, full but soft; countenance dejected with a wild confused look; skin cold and moist; bowels constipated; tongue moist and slightly coated.

I am not able to report the termination of this singular case, as I left the neighborhood soon after I saw the patient, but as having a physiological interest, I will mention two phenomena which were reported to me in connexion with it.

1st. The patient previous to this attack had been hard of hearing. While laboring under it his hearing became excellent.

2d. He had also labored under some difficulty of speech, for a number of years, owing to what seemed a partial paralysis of the tongue. When the derangement of the cerebral system came on, he recovered the use of his tongue and was able to speak distinctly and rapidly.

July 1, 1847.

REVIEWS.

ART. V.—*Observations on Aneurism, and its Treatment by Compression.* By O'BRYEN BELLINGHAM, M.D., Edin.; Fellow of and Professor in the School of the Royal College of Surgeons in Ireland; Licentiate of the Royal College of Surgeons of Edinburgh, and one of the Surgeons to St. Vincent's Hospital. London: John Churchill. 1847. pp. 181. 12mo.

We have read this little volume with much pleasure. There is an air of candor, modesty, and good-faith pervading it, which in these days of dissimulation, arrogance, and deceit, is altogether agreeable. We like even the controversial portions of it, for which the author thinks it necessary to offer an apology; for, if the editor of the Dublin Quarterly Journal of Medicine has behaved as is here represented, he deserves all that he gets, and something more.

Dr. Bellingham, in the former chapters, traces succinctly, but clearly, the history of compression as applied to the cure of aneurisms. It seems to have had its origin in the application of compresses and bandages to wounded arteries, and was first applied to traumatic aneurism, especially that arising from accidental wound of the brachial artery in venesection. This was so frequent in the time of Dionis, that in France surgeons were compelled by law to pension those whose arms they had injured. Even at a more recent period in England John Bell inveighs against the bungling manner in which venesection was performed; "Masons, butchers, gardeners, cowherds! are among the chief phlebotomists in this country, and

it is to them we are indebted for the various specimens of aneurism." Galen is said to have cured an aneurism at the bend of the arm by means of sponge and bandages. According to Sprengel, De Vigo first used compression, in the sixteenth century. Tulpius, writing in 1641, has recorded a case cured by this means; the aneurism occurred between the forefinger and thumb in consequence of punctured wound. Pilas reported a case of brachial aneurism in 1671; and Genga, in 1673, successfully treated a third case by compresses, and a bandage which took his name. But the Abbé Bourdelot was the first to invent and apply a compressing instrument for the cure of aneurism.

"This instrument, named a *Ponton*, appears to have been a very simple contrivance; it consisted merely of a pad of a peculiar shape, with leathern straps attached, which passed round the arm, above and below the elbow, and were perforated with holes to permit of their being tightened or loosened. The pad had a hollow or channel on its under surface, which it was supposed would permit the blood to pass freely down the artery under it, as a bridge (ponton) permits the water to flow under it, (hence the name)."

The aneurism occurred at the bend of the arm in his own person, in consequence of a puncture of the brachial artery, and was cured by wearing for a year the instrument described above. Other cases of traumatic aneurism of the brachial artery are reported a few years later by Rogerus and Rommelius; but these were treated by compresses and bandages. Besides the *ponton* of Bourdelot, an instrument invented by Scultetus was employed about this time.

"Scultetus's apparatus consisted of two flat metal hoops or rings, into which the arm readily fitted, they were joined by connecting flat pieces, into one of which a screw with a pad at its extremity was fixed; the instrument was sufficiently long to reach from the elbow to the wrist, and pressure was effected by turning the screw. Scultetus invented it for wounds of the palmar arch, but it came afterwards to be used in wounds or aneurism of the brachial artery."

Down to the middle of the seventeenth century compression, whether by instruments or bandages, was limited to recent cases of traumatic aneurism of the brachial artery, where the tumor was yet small, and the skin uninflamed. Pressure was supposed to act by forcing the blood from the tumor back into the artery, when the edges of the arterial opening came into contact and adhered; so that, the pressure being discontinued, the blood flowed along the artery as before.

The tourniquet was invented about the beginning of the eighteenth century, and a variety of instruments for the compression of aneurism made their appearance. Those of Vallant, Senffio, Arnaud, Heister, and Foubert, are briefly noticed by the author. The use of these instruments was still confined to recent and small traumatic aneurisms of the brachial artery and branches, or to small arteries in other parts of the body. When the tumor attained much volume, surgeons had recourse to the knife: the sac was laid open in its whole length, the coagula and fluid blood removed, and the artery tied above and below the aneurism; the wound was then filled with lint, and bandages and compresses applied.

About the middle of the eighteenth century Heister first proposed compression in popliteal aneurism, but he does not appear to have put it in practice. This honor belongs to Guattani, an Italian surgeon.

"He appears to have been induced to try this method, partly from the success which attended the employment of pressure in aneurism at the bend of the arm following venesection; and partly, from his having witnessed a spontaneous cure in three cases of popliteal aneurism; but principally in consequence of the great fatality of aneurism of this vessel, and the lamentable results of every operation for its relief. Popliteal aneurism is a disease (he observes) in which medicine holds out no prospect of cure, in which surgery has almost abandoned all treatment, and in which physicians and surgeons are agreed only in the prognosis."

In two cases of aneurism of the popliteal artery he had tried the operation usually performed for brachial aneurism; one of the patients was cured, the other died of gangrene. In four cases he had tried amputation of the limb above the seat of disease; but all terminated fatally, two dying of hemorrhage, and the remaining two of tetanus. He then resolved on methodical compression and bandages, combined with low diet, perfect rest, and occasional bleeding. We quote one of the cases as given by Dr. Bellingham; it will serve as a specimen of the whole.

"The patient, a porter, aged 40 years, was admitted into the hospital of the Holy Ghost towards the end of August, 1765, laboring under popliteal aneurism. The tumor was about the size of a large goose egg, was hard and resistant to the touch, had a strong pulsation, and was attended by pain, swelling of the leg and foot, and fever. The patient was directed to remain in bed, was put upon low diet, and bled several times. Towards the end of September the aneurism had ceased to increase, pain was nearly gone, the pulsation had much diminished, and the swelling of the limb had in a great measure subsided.

"Guattani was obliged to leave Rome at this period to accompany the Pope on a journey. On his return in November the tumor had not increased, and the œdema of the limb having disappeared, he determined to try the effects of compression. Having first covered the tumor with lint, he laid two oblong compresses over its centre, which crossed one another, and passed round the limb above and below the knee; another compress was laid along the course of the femoral artery up to the groin. He then took a long roller, three fingers' breadth, with which he encircled the knee, commencing above the centre of the tumor, and passing it above and below the joint many times; it was then carried up the thigh to the groin, and for further security he gave it a turn round the body. The whole was moistened with spirits of wine, the patient was bled, and a rigid diet enforced. The bandage was not disturbed for eighteen or twenty days, and then only in order to be tightened; and venesection was repeated whenever the leg or foot swelled.

"The tumor, although it remained hard and continued to pulsate, gradually decreased in size, and in three months from the first application of the compression, the patient left

the hospital perfectly well. At this period the tumor scarcely exceeded the size of a bean; and although the patient was obliged to return to his former business, and was frequently obliged to lift heavy weights, he suffered no inconvenience except slight œdema of the leg and foot, which did not prevent him from following his occupation of a porter."

Guattani tried this method in crural and inguinal aneurism, but without success. Of popliteal aneurism he reports twenty cases—

—"three of these underwent a spontaneous cure; six were operated on, of which one recovered and five died, and eleven were treated by compression, of which four were perfectly cured and one so much benefited, that it is probable he ultimately recovered; while in six it failed. The statistics of Guattani's cases are, therefore, greatly in favor of compression in popliteal aneurism (as he practised it) over any operation then known; but the results of the treatment by laying open the sac and tying the artery above and below it were even less satisfactory in the hands of others at the period in question, and the danger which attended this operation led surgeons in England to abandon it, and to recommend amputation of the limb in preference."

Guattani's method, it will be seen, was merely the old one in use for brachial aneurism, combined with the medical treatment proposed by Valsalva and Albertini for internal aneurism. It was liable to several objections: the pressure might convert a circumscribed into a diffused aneurism; might lead to inflammation and suppuration of the sac, and to gangrene of the limb. It was painful from compression of the surrounding parts when the sac was large, but especially from stretching and compression of the large nerve which lies between the sac and integuments. It was tedious, owing to the necessity of frequently removing the bandages on account of pain, and the shrinking of the limb.

"Now, as this mode of treatment appears to have been seldom employed except in cases of aneurism of some standing

in which more or less fibrin is always deposited in the interior of the sac, when the tumor is necessarily, therefore, more or less solid, and too resistant to be diminished much by pressure, its pulsation could only have been lessened or suspended by the sac being made to press upon the artery above, and perhaps in some instances also below it; and the cure of the aneurism must have been eventually accomplished by the obliteration of the vessel here. In such cases, the compression of the entire limb by tight bandages tended rather to retard than to accelerate this event, by interfering with the enlargement of the collateral vessels about the knee."

This method was employed by Flajani, Paletta, and Vicq d'Azyr, but the introduction of the Hunterian operation, a few years afterwards, set it aside. The case reported by Vicq d'Azyr was one of femoral aneurism, which he cured by a compressing instrument of his own invention.

"It is a modification of the tourniquet, the bridge in which the screw works has a pad attached, which is acted on by the latter; and a flat splint covered with leather is connected to it by strong bands by which counter-pressure is made. The pad is laid upon the aneurism and pressure is made by turning the screw, while the splint is applied to the opposite side of the limb. The screw is turned by a key, which can be removed when the proper amount of pressure is made, so that the patient cannot loosen it himself."

Another mode of applying pressure, called *immediate* to distinguish it from the preceding, was sometimes employed. It consisted in opening the sac and, after clearing away the coagula, laying graduated compresses on the vessel, where they were retained by bandages, rollers, &c.

"This mode of using compression had not, however, many advocates; because if very firm pressure was made, there was a risk of the artery being obliterated at the part; whereas if the pressure was moderate, secondary hemorrhage was very likely to occur. Indeed Murray relates two cases, where (owing to the latter cause) the patients who had been operated on for brachial aneurism according to this method,

bled to death during sleep, from the bandages having become accidentally disturbed."

Hitherto, says the author, the names of but few British surgeons appear in connection with improvements in the treatment of aneurism, and none in connection with the treatment by compression. The continental surgeons had taken the lead, especially those of the French and Italian schools. But in 1785, Hunter performed his first operation for popliteal aneurism, and since then British surgery has mingled largely in the treatment of this disease. The simplicity of this operation, the facility with which it was performed, and the success attending it, caused it to supercede almost entirely the method of compression. Still, in some instances it failed, and, in others, owing to the situation of the aneurism, was impracticable. In these recourse was had to pressure on the cardiac side of the tumor. Pressure was thought to effect what the ligature effected in the Hunterian operation.

"The principal upon which surgeons applied pressure at this period was to endeavor to excite inflammation of the coats of the artery at the seat of its application: they supposed that if by means of strong pressure the coats of an artery were brought into contact, and so retained, inflammation of the arterial tunics would follow, lymph would be thrown out, adhesion would take place between them, and the obliteration of the artery would be effected in the same manner as if a ligature had been applied. The first to endeavor to determine by direct experiment the effects of pressure upon the arterial tissue, was Mr. Freer, of Birmingham, who, in the year 1806, performed a series of experiments upon animals with this object. He found that compression when applied with sufficient force to excite inflammation of the artery and the parts surrounding it, instead of causing lymph to be thrown out in the cavity of the artery, and adhesion of the sides of the vessel, (as was commonly supposed) occasioned an effusion of lymph about the artery and between its coats, by which its tube was so much compressed as to be impervious to the passage of blood."

Unsuccessful attempts with this mode of compression were made by several British surgeons. The earliest examples of its successful employment in popliteal aneurism are recorded by Pelletan, Dubois, and Viricel. Dupuytren and Boyer likewise report successful cases, but in others it failed in their hands. The first successful case among the Irish surgeons is that of Mr. McCoy, which occurred at Dublin in 1824. Todd, of the same city, a year or two previous, had tried compression as preparatory to ligation of the artery, and had invented for the purpose an instrument resembling a truss for femoral hernia. He also employed compression with success for the cure of aneurism in 1826, but the case was not made public until 1846. Another case occurred in the practice of Verdier on the continent; this was similar in many respects to that reported by McCoy. From this period to the year 1843, the author finds but few instances where compression was tried. One reason assigned for this is the increased confidence surgeons seem to have reposed in the ligature. Another reason is thus hinted at:

"Perhaps the *eclat* to be gained by the successful performance of a capital operation was not without its influence in inducing surgeons to give the preference to a mode of treating aneurism, which afforded the opportunity for this display, over the quieter and less imposing proceeding by compression; particularly as the former had received the sanction of long experience, and was supposed to be the only certain method of curing aneurism."

In the meantime, as with the old method of compression, so with the new, a modification termed *immediate* was proposed, in which, after cutting down upon the artery, above the sac, as if to apply the ligature, pressure is applied directly to the vessel. This modification was suggested very soon after the introduction of the Hunterian operation. The design was to cause obliteration of the artery without previous division of its coats, hoping thus to diminish the chances of secondary hemorrhage. Hence the recommendation

of broad ligatures by the surgeons of that day, with cylinders of linen, pieces of cork, wood, leather, or agaric, and sometimes a portion of bougie, placed lengthwise between the vessel and the ligature. These means soon gave place to a great variety of instruments, which it was supposed would have considerable advantage over the ligature, as the pressure could be regulated at will, and could be removed altogether when a sufficient degree of inflammation had been excited in the arterial coats. Deschamps led the way in 1796 with an instrument, and was soon followed by Ayrer, Percy, Dubois, Assalini, Crampton, and others, with all sorts of *presse-artères*, or *serre-artères*. Some cures were effected in this way, but the general success was by no means encouraging.

It was also proposed to make pressure on the distal side of the aneurism, corresponding to Brasdor's modification of the Hunterian operation. This plan, in the few trials made of it, was found rather to aggravate the symptoms. Our author tried it "for a short time in a case of secondary iliac aneurism where compression could not be applied above the sac, where it was probable the blood entered the sac in a retrograde course through the distal end of the vessel, and where an operation of course was out of the question." Cure was afterwards brought about by direct pressure upon the sac.

From 1843 to the present time, the cases of aneurism treated by compression increase rapidly, owing mainly to a better theory of the mode of action of compressing instruments, and to a better practice founded on the theory. For this improvement—undoubtedly it may be so called—we are indebted to the Irish surgeons, and to none more than to our author. He was the first to set forth the true theory on which compression should be used, and has earnestly advocated this method of treatment on all proper occasions.

Dr. Bellingham has collected twenty-seven cases, which for the convenience of the reader and for reference we present in a tabular form, giving the name of the surgeon, the

seat of the disease, and the number of days during which compression was employed:

1. Dr. Hutton - - -	Popliteal	Aneurism,	-	28 days.
2. Dr. Cusack - - -	"	"	-	31 "
3. Dr. Bellingham - -	"	"	-	2 "
4. Mr. Liston - - -	Femoral	"	-	56 "
5. Dr. Harrison - -	Popliteal	"	-	93 "
6. Mr. Liston - - -	Femoral	"	-	30 "
7. Dr. Bellingham - -	"	"	-	43 "
8. Dr. Kirby - - -	Popliteal	"	-	53 "
9. Dr. Allan - - -	"	"	-	57 "
10. Mr. Greatrex - -	"	"	-	21 "
11. Dr. Cusack - - -	"	"	-	7 "
12. Dr. Porter - - -	"	"	-	24 "
13. Mr. Cusack - - -	"	"	-	20 "
14. Mr. Porter - - -	"	"	-	20 "
15. Mr. O'Ferrall, - -	"	"	-	33 "
16. Mr. Jolley - - -	"	"	-	40 "
17. Dr. McDonnell - -	"	"		not stated.
18. Mr. Dartnell - -	"	"	-	7 days.
19. Mr. Mackern - -	Femoral	"	-	36 "
20. Mr. Stork - - -	Popliteal	"	-	91 "
21. Mr. Stork - - -	"	"	-	22 "
22. Mr. Cusack - - -	"	"	-	43 "
23. Mr. Humfrey(?) - -	"	"	-	10 hours
24. Dr. Bellingham - -	"	"	-	
25. —— —— - -	"	"	-	
26. Mr. Armstrong - -	"	"	-	90 days.
27. Mr. Harrison - -	"	"	-	

In the 24th case, galvanism was tried in connection with pressure. The battery was applied once, but before a second application the patient died of erysipelas. The 25th case was treated at the hospital (St. Vincent's) to which the author is attached, but as it has not yet been published, he does not feel at liberty to give the details. In the 26th, pressure was made directly on the sac, as in the old method; the duration

of compression was about 90 days. In the 27th, compression was discontinued after a fortnight, at the patient's request, and the vessel tied.

Dr. Bellingham devotes a chapter to the instruments employed in the treatment of these cases of aneurism. We have not room for the description of all of these, and therefore copy that of the one which he himself prefers, and which is called "*the clamp.*"

"The compressing instrument known at the surgical-instrument makers here under the name of the clamp, consists of an arc of steel, having at one extremity an oblong padded splint, at the other a nut containing a tourniquet screw connected with a smaller pad; the latter, although acted on by the screw, is so connected with it as to be readily turned in any direction. In using this instrument, the pad is laid on the artery, and the vessel is compressed by turning the screw, counter-pressure being made by the padded splint at the opposite side of the limb. It is constructed of different sizes so as to be adapted to compress the femoral artery as it crosses the horizontal ramus of the pubis, or the brachial artery low down in the arm.

"The clamp was first used as a compressing instrument in this city by a carpenter, the subject of popliteal aneurism, treated by Mr. Harrison (case 5). The pain occasioned by the apparatus originally in use induced the patient to try if the vessel could be compressed by an instrument called a clamp or cramp, which is used in his business for temporarily binding portions of wood-work until the glue intended to connect them becomes dry. It answered so well, and gave so little pain, that he continued to employ it in preference to any other until a cure was effected. The workmanship of the original instrument was, as may be supposed, rude, but it served as the model for those constructed since in this country.

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"The clamp is a cheap and effective instrument, and not the least advantages which it possesses are that its construction is so simple that it is not liable to be put out of order; the principle upon which it acts is so plain as to be readily understood by the patient; and its application can be borne for a longer time and with less inconvenience than most other instruments."

Another means of compression was adopted by the author in case 7. The instrument in use got out of order, and, whilst it was undergoing repair, in order that the pressure might not be interrupted, a compress or pad was placed on the artery where it passes over the horizontal ramus of the pubis, and on this was laid a metal weight of seven pounds. In another case a weight of nine pounds was required to check the pulsation of the femoral artery. By this expedient the patient was relieved from the counter-pressure of the instrument, which in all cases is quite as irksome as the direct pressure. Indeed, the chief obstacle in the use of compression in aneurism, is the pain caused by the instruments. None of them can be borne long, if applied with a degree of force sufficient to diminish materially the current of blood in the artery. This led Dr. B. to employ two or three instead of one; these are placed upon the artery leading to the aneurismal sac, and when the pressure of one becomes painful it is relaxed, the other having been previously tightened; by thus alternating the pressure, compression can be constantly maintained for any length of time. This is an important improvement.

We have already stated that to our author belongs the credit of first advancing the true theory of compression. His views are contained in the following extract from the observations accompanying case 3, which was reported by him to the Surgical Society of Ireland in April, 1843.

"When it was considered absolutely necessary for the success of compression, that such an amount of pressure should be applied as was almost certain to produce sloughing of the part, and very certain to occasion intense pain and suffering; and when, in addition, this was to be prolonged through five successive nights and days, (as in the case reported by Mr. Guthrie, which I had quoted), we can readily understand why patients refused to submit to it, and we can easily account for the disrepute into which the practice fell, and for the unwillingness of surgeons to adopt this treatment, in preference to the simple operation of placing a ligature upon the femoral artery. It would, however, appear that it is not

at all essential the circulation through the vessel leading to the aneurism should be completely checked, but rather the contrary: it may, perhaps, be advantageous at first, for a short period, by which the collateral circulation will be more certainly established; but the result of this case, if it does no more, establishes the fact, that *a partial current through an aneurismal sac will lead to the deposition of fibrin in its interior, and cause it within a few hours to be filled and obstructed, so as no longer to permit of the passage of blood through it.* Pressure, so as altogether to obstruct the circulation in an artery, must necessarily be slower in curing an aneurism, as it must, in some measure, act by causing obliteration of the vessel at the part to which the pressure has been applied; whereas *a partial current through the sac enables the fibrin to be readily entangled in the parietes of the sac in the first instance, and this goes on increasing until it becomes filled;* the collateral branches having been previously enlarged, the circulation is readily carried on through them."

The changes that take place in the aneurismal swelling after pressure has been applied for a short time to the artery, favor this theory. The tumor soon becomes hard and incompressible, and no longer collapses when the current of blood is completely cut off from it. The pathological appearances, in the few cases where an opportunity of observing them has occurred, also favor the author's views. In one (case 24) compression had been continued for several months; and the patient died of erysipelas, as already stated, thirteen days after the application of galvano-puncture, and before pulsation had ceased in the aneurism. The aneurismal sac was "almost filled by firm layers of fibrin, deposited in concentric laminæ, the layers next the sac being of a lighter color than those near the centre." The artery was healthy both above and below the sac, and was pervious through the whole popliteal space. In case 13, compression had been employed for about twenty days, and death took place forty-eight hours after cessation of pulsation in the aneurism: "the femoral artery was pervious to within the fourth of an inch of the sac; it was here filled up by a firm coagulum, which

extended into the sac and completely filled it." In another case the patient had been treated by the author for popliteal aneurism on the right side (case 3), and subsequently for femoral aneurism in the opposite limb (case 7). He came under treatment a third time for aneurism of the aorta, of which he died two years and a half after the cure of the popliteal aneurism, and sixteen months after cure of the femoral aneurism. "At the site of each aneurismal sac the artery was converted into a solid, thick, flattened band, and its channel quite obliterated;" nothing remained of the original sacs, they having been absorbed along with the fibrin which had filled them; the femoral arteries of both limbs in their course down the thigh presented no alteration, and, as in the other cases, nothing indicated the points at which compression had been made.

The process of cure by compression would seem to be identical with that which nature herself now and then institutes. In nearly all cases of aneurismal tumor of some standing, there is more or less hardness from the deposition of solid matter in the interior; and on examination after spontaneous cure has taken place, the sac is found filled with fibrin arranged in concentric laminæ, the density and firmness of which diminish, whilst the color deepens, towards the centre. The separation of fibrin from fluent blood, is a familiar occurrence; as in the heart, when circulation through the chambers is impeded.

Again, the cure seems to be effected in the same way after the Hunterian operation. When a ligature is applied at a distance from the sac, the artery remains pervious below the ligature, and in a large majority of cases transmits a current of blood through the aneurismal tumor. Hence the frequent return of pulsation in the latter in a few hours or in a day or two after the operation. Solidification, however, soon commences; fibrin is deposited from the blood in its feeble passage through the sac, until at length the latter is filled. The ulterior changes in the tumor, after solidification,

are of course the same whether cure has been effected by compression, by ligature, or spontaneously.

Dr. Bellingham considers at some length the circumstances which render this mode of treating aneurism tedious or the contrary. As it respects the *instrument*, the most essential points are that it should be simple in its constitution, and admit of ready application. The same instrument will scarcely be found to answer in two different cases. Theoretically, a pad or compress that will act on nothing but the artery, seems most correct; but practically a broad soft pad, which distributes the pressure over a large surface, is found to answer best. It is likewise important that the counter-pressure should be distributed over as large a surface as possible.

The *place* where compression is made requires consideration. In femoral and popliteal aneurism, the artery is easily compressed as it passes over the horizontal portion of the pubic bone, and also between Poupart's ligament and the junction of the saphena and femoral veins. Many patients bear pressure in the groin without inconvenience; but in others, the lymphatic glands become swollen and painful, or the limb benumbed and œdematous. A majority of the patients seen by the author preferred pressure lower down. No matter where pressure is applied, or how carefully it is graduated, if constantly maintained at the same point, it becomes painful, and must be relaxed. Hence the author's suggestion to employ two or three instruments in the manner we have heretofore mentioned.

No advantage is derived from *bandaging* the limb, at least in the earlier stages of the treatment; it interferes with the return of blood through the superficial veins, and with the increase of the collateral circulation. At a later period, when from the deposition of fibrin the sac becomes somewhat solid to the touch, a bandage and compress may be of service.

Much depends on the patient himself, and his disposition

to co-operate with the surgeon. If he thinks lightly of his disease, or is unusually susceptible of pain, it is difficult to prevail on him to keep up compression. More frequently he finds the treatment irksome, and becomes dissatisfied, in consequence of the suffering caused by undue pressure in the beginning. On this point the author gives a caution:

"It is not necessary to repeat what I have already said respecting the degree of pressure which should be used; it will be sufficient to observe, that the compression at first ought always to be light; after a time, when tolerance of the remedy becomes established, we may increase it to the degree we consider necessary; but it need never be so great as to interrupt completely the circulation in the artery at the point upon which it is applied. Although it is advisable, in the early stage of the treatment, to maintain a certain degree of pressure night and day, yet in most instances it will be be found very difficult to do so; the patient cannot sleep unless the pressure is relaxed—if he does sleep, the pad becomes displaced, and the pressure is necessarily taken off the vessel. Indeed, if it were absolutely necessary to maintain permanent pressure in every instance until a cure was accomplished, we should seldom succeed; and that it is not necessary to do so, the details of the cases already given afford sufficient evidence, the pressure having been frequently intermitted and resumed according to circumstances. Once fibrin begins to be deposited in the sac the deposition will go on; although pressure may be very carelessly applied; and after a certain amount of fibrin has been deposited in the sac the instruments may be removed, and a cure will be accomplished nevertheless. Indeed it would appear from two cases previously quoted, that the patient may in some measure resume his ordinary habits and commence exercising the limb without interfering with the progress of the cure."

A number of circumstances connected with the sac, and its position with respect to the artery, also influence the duration of treatment. The most favorable case is where the disease is recent and the tumor still small. A large aneurism, that has increased slowly, generally contains solid mat-

ter, and is more speedily cured than a large one of recent formation with the contents still fluid. The author supposes that if the sac is situated on the anterior surface of the popliteal artery, it is not likely to attain a large size, owing to the unyielding nature of the surrounding parts; the entrance of blood into it is more or less impeded; and compression will probably cause a rapid deposition of fibrin. Or if fibrin to some extent has already been deposited, pressure by bandage and compress on the tumor itself may effect a speedy cure. When the aneurism grows from the posterior surface of the artery, it may attain a greater size, and be attended by severe pain from pressure on the nerve lying between it and the integuments. Compression of the artery in this case will be less speedy in its effects. Yet here also if from any cause fibrin comes to be deposited, direct pressure by a bandage and compress may induce rapid filling of the sac by forcing it down against the artery, or by diminishing the aperture between it and the artery. An aneurism springing from either side of the artery, is favorably placed for attaining a large size, and the treatment by compression either of the artery or sac would probably be more tedious.

It has already been mentioned that one of the objects of compression, as formerly practiced in popliteal aneurism, was to produce such enlargement of the collateral vessels as would insure sufficient circulation in the limb after ligation of the artery. But it has been ascertained that this increase of the collateral circulation is the very last thing that occurs; that it seldom commences until the disease is nearly cured; and that it is not completed until the aneurismal sac is filled with fibrin, and the artery obliterated. One of the most favorable signs, during the treatment of popliteal aneurism, is the pulsation of one of the articular arteries about the knee, as it shows that the circulation through the aneurism is permanently obstructed, and that nature is preparing new means to maintain the circulation in the limb.

Certain patients just before and after pulsation ceases in

the tumor, whether this is effected spontaneously, or by compression, suffer severe pain about the knee. Dr. Bellingham supposes this is in some way connected with the dilatation of the anastomosing arteries.

In the last chapter, Dr. Bellingham proceeds to consider some of the advantages which compression has over the ligature. He thinks it simpler, safer, more certain, and more permanent.

"That compression effects the cure of aneurism by more *simple* means than the ligature is evidenced by the facts—1st. That the mode in which the consolidation of the aneurism is brought about by compression is exactly the same as that in which a natural or spontaneous cure occurs; and 2dly, because when a cure is effected by compression, the vessel is obliterated merely at the site of the aneurism; whereas when a ligature is applied in the usual situation at some distance from the tumor, the artery is obliterated both at the seat of the ligature and at the seat of the aneurism. Hence it is easy to understand why, when secondary hemorrhage followed the operation, the application of a second ligature higher up so seldom succeeded; and we can hardly be surprised at gangrene attacking a limb, the main artery of which is obliterated at three different points.

"That compression effects the cure of aneurism by *safer* means than the ligature is also evident, because its employment can be intermitted and resumed according to circumstances; and because no ill consequences have hitherto resulted from its use. On the other hand, the ligature of a large artery is always a precarious operation; when it is once applied, we must await its separation before the patient can be considered out of danger; and when it fails, which frequently happens, the case almost always terminates unfavorably, not from the increase of the disease, but from the operation performed for its relief. The artery in which aneurism (after the aorta) is most frequent, is the popliteal, and the ligature of the femoral artery for popliteal aneurism is more frequently unsuccessful than that of any other artery of equal size. Mr. Benjamin Phillips collected fifty-nine cases from various sources in which this vessel had been tied, in thirty-nine of which it failed; and although (as Mr. Storks observes) the acuracy of these statistics may be denied, "yet

every surgeon must allow that the deligation of a main artery for aneurism is an operation (notwithstanding the successful results some practitioners can boast of,) attended with great risk." On the other hand, I have given a list of twenty-seven cases of aneurism treated by compression of the femoral artery, in twenty-five of which it succeeded perfectly; of the other two, one died of erysipelas before the cure was completed; the other was operated on at the patient's urgent request, and recovered. A mode of treatment therefore which is exempt from all risk has many advantages on the score of humanity, which alone ought to constitute a strong argument in its favor.

"The treatment of aneurism by compression is *more certain* than that by the ligature. We have already seen that the operation by ligature, however carefully performed, is a precarious one, and that it frequently fails; that secondary hemorrhage from ulceration of the artery at the site of the ligature or phlebitis not unfrequently follows it; or that suppuration of the sac, hemorrhage from it, or gangrene of the extremity, may ensue. Now, none of these unfortunate results have ever attended the treatment by compression, nor are any of them ever likely to follow it; because, in the first place, no injury whatever is inflicted upon either the artery or vein at the site of the pressure; and secondly, because the aneurismal sac, and the part of the artery from which it springs, are gradually filled up by fibrin, separated from the blood and deposited in the same way as when nature cures internal aneurism."

Experience thus far indicates that a cure once made by the new method is *permanent*, and the pathological facts formerly adduced show that it *must* be so, inasmuch as the sac is completely filled with fibrin. Secondary aneurism, or suppuration of the sac, never occurs after compression, though it often does after ligature.

Another advantage of compression is, that it can be adopted in the case of individuals who cannot be induced to submit to an operation. It may also be safely applied where the arterial coats are in such a state of disease that the ligature would necessarily lead to ulceration and secondary hemorrhage. Again, it may be instituted with every prospect of

success where the aneurismal diathesis exists, where there is organic disease of the heart, and where the patient is of intemperate habits, or of broken down constitution; all circumstances which contra-indicate the Hunterian operation.

Having replied to some of the objections urged against compression. Dr. Bellingham says—

"I wish it to be understood that I do not advocate it as being free from inconvenience, free from trouble, or free from pain; the process by which compression effects the cure of aneurism is necessarily gradual, and requires time to be accomplished, and the surgeon, if he expects to succeed, must make up his mind to exercise a degree of patience which may be seldom called for in other cases; on the part of the patient likewise a considerable share of forbearance will be necessary; the former must be prepared to witness his exertions thwarted, and his endeavors fruitless for a long time; while the latter must be content to submit to confinement to bed for perhaps many consecutive weeks, and to the additional inconvenience of wearing a compressing apparatus during the greater part of that time. Although this is taking rather an unfavorable view of this method of treatment, and although in many of the cases which have been detailed, the cure was accomplished within a comparatively short period, yet it would be misleading those who have not seen this method employed, or who are about to try it for the first time, to let them suppose that it has no drawbacks; and that it does not occasionally prove both tedious and painful. Compression, however, possesses this advantage over the ligature that if persevered in, it cannot fail of effecting a cure; the cure may be impeded or protracted owing to a variety of causes, but from the manner in which the aneurismal sac becomes filled up, it is evident that every day will contribute a little, and every hour the pressure is applied something will be gained; and no matter how long the treatment may last, if the patient and surgeon have sufficient perseverance, a permanent cure will ultimately be accomplished, while the employment of the pressure does not involve the slightest risk."

Dr. Bellingham concludes the subject with the following summary:

"1. The arteries to which compression is applicable being far more frequently the subject of aneurism than those to which it is inapplicable, compression is calculated to supercede the ligature in the great majority of cases.

"2. The cure of aneurism by compression upon the artery between the aneurismal sac and the heart, according to the rules laid down here, is accomplished by the gradual deposition of the fibrin of the blood in the sac, until both the latter and the artery at the part are completely filled. The process is in fact exactly similar to that by which nature effects a spontaneous cure of aneurism.

"3. Such an amount of pressure as would cause inflammation and adhesion between the opposite sides of the artery at the point compressed is never required.

"4. The pressure should not be so great as to interrupt the circulation in the artery at the point compressed; an essential agent in the cure being that a current of blood should pass through the sac.

"5. Compression by means of two or more instruments, one of which is alternately relaxed, is much more effectual than by any single instrument, and in many instances the pressure can be maintained by the patient himself.

"6. The treatment of aneurism by compression does not involve the slightest risk to the patient, and if persevered in cannot fail of effecting a cure.

"7. A cure of aneurism effected by compression, according to the rules laid down here, must necessarily be permant; and in every case in which a cure has peen accomplished, the patients have remained well subsequently.

"8. The femoral artery remains pervious after the cure at the point at which the pressure had been applied, and no morbid change of any kind is to be detected either in the artery or vein at the site of the compression.

"9. When a cure is effected by compression, the vessel is obliterated only at the seat of the aneurism, and the artery at this part is eventually converted into an impervious ligamentous band.

"10. Compression effects the cure of aneurism by more simple and safer means than the ligature, while it is applicable to a number of cases in which the operation is contra-indicated or inadmissible.

"11. Compression is not necessarily a more tedious or more painful method of treating aneurism than the ligature, while it is much more certain, more likely to be permanent, and is free from all danger.

"12. Compression according to the rules laid down here, has little analogy with the old method which went by this name; and in fact has no greater resemblance to it than the Hunterian operation had to the operation for aneurism which it superseded."

Before finishing this paper, we must notice briefly the author's seventh chapter, in which he gives an account of the employment of certain chemical agents to produce coagulation of the blood in the aneurismal sac. We have deferred this until now, in order that our account of compression might not be interrupted.

Of the agents employed for this purpose, heat, galvanism, and actic acid are mentioned here. All of them possess the property of coagulating the blood out of the body. The first, suggested originally by Monteggia of Milan, received a trial at the hands of Sir Everard Home, in 1826. The case was one of femoral aneurism, and had been unsuccessfully treated by ligation on the distal side of the sac. An acupuncture needle having been introduced into the centre of the swelling, heat was applied by means of a spirit-lamp. This was repeated three times, with an interval of some days. Sometime after the last application, gangrene attacked the foot of the affected side, and, extending up the limb, soon caused the patient's death.

We find collected here seven cases that were treated by galvano-puncture, three of them successfully. In some of these it was employed along with compression. The mode of applying this remedy is to introduce two or more needles into the aneurismal tumor, so as to touch, or to cross each other at right angles, and then place them in communication with the poles of a galvanic pile. The needles ought previously to be covered with some insulating material, as asphaltum or sealing-wax. The author employed this means once (case 24) joined with compression. The case, already noticed by us in another connection, it will be recollected proved fatal from erysipelas. It should have been stated that the erysip-

elas began "in the middle of the thigh where the compressing instrument rested."

As to the mode in which galvanism forms a coagulum from the blood, the author, after quoting the views of Prof. Apjohn. observes—

"The coagulum developed by the action of the galvanic current upon blood would, therefore, appear to consist of *albumen*, derived from the decomposition of its serum; such a coagulum will be necessarily loose and flocculent, and altogether different from that which forms in an aneurismal sac under ordinary circumstances.

"In order that the albumen of the serum of the blood contained in an aneurismal sac may be coagulated, it would seem to be essential that the blood should be retained in it for a sufficient length of time to be acted on by the galvanic current; consequently, compression ought to be made upon the artery above and below the sac during the operation; if this precaution is not taken, the blood will pass through the sac too rapidly to permit of its decomposition.

"It appears to me that a coagulum might be developed from another source, when a galvanic current is conducted along needles introduced into an aneurismal sac: thus after the decomposition of the serum contained in the sac, and the separation of its albumen from the other constituents, it is not unreasonable to suppose that the fibrin and red globules of the same portion of blood (being then in some measure set free) might form a distinct coagulum; but of this we have no proof; and such a result could hardly be expected unless the galvanic current had been maintained for a sufficient length of time to coagulate completely the albumen of the serum contained in the sac. Even under these circumstances the coagulum would be loose and soft, and have little analogy with the fibrinous layers found in aneurism of some standing."

Galvanism may effect a cure of aneurism in two ways. 1. A small coagulum of albumen, formed as we have seen, may block up the opening into the artery on the distal side of the tumor; and if there is another coagulum formed (in the way the author supposes) of the fibrin and red globules, the chances of the artery's being obstructed will be greatly increased. At the same time compression must be made above and below

the aneurism. 2. By exciting inflammation in the sac or neighboring parts, with effusion of serum and lymph, the swelling from which would produce compression of the artery. Of its value the estimate is not very high:

"On the whole it appears to me that much can never be expected from galvano-puncture as an agent in the cure of aneurism; it is doubtful if the current of a battery of moderate strength, however long continued, can develop a coagulum sufficiently firm to produce even the effects I have mentioned; and the employment of a powerful battery is not without risk if the aneurismal sac is of considerable size, or springs from a large artery. In addition, it is difficult to isolate completely the shaft of the acupuncture needles; the substance used for this purpose is either detached in the act of introducing them, or it is softened when the galvanic current is completed: hence the tissues through which the needles pass are acted on, and the strength of the current is necessarily wasted."

Wardrop proposed the injection of acetic acid into the sac, by means of Anel's syringe, the circulation through the vessel leading to the aneurism first to be arrested by means of compression. No trials of it have yet been reported.

Dr. Bellingham has expressed no opinion about any of these agents, except galvano-puncture. He places the full value upon this. The remaining two, in our humble judgment, are still less likely to be productive of any good. In using either of them, the surgeon must run the risk of exciting inflammation with all its wretched consequences. As to the acetic acid, despite the high authority of Wardrop, we are very much disposed to think that the man who should employ it where it was possible to employ any other means, ought to be punished for malpractice.

We here take leave of the author, with thanks for the instruction afforded in this volume. Much of its contents had reached us in fragments through other channels; but here we have these fragments in a connected history, constituting a well-timed and valuable contribution to surgical literature.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Observations on Dysmenorrhœa. By Dr. Oldham, Lecturer on Midwifery at Guy's Hospital. — Dr. Oldham considers that there are two forms of dysmenorrhœa, which admit of being well defined; one in which the os uteri is too narrow, and the flow of the menses consequently impeded; and another form which is distinguished by a membrane being cast off from the cavity of the womb. The former he calls mechanical dysmenorrhœa, the latter membranous dysmenorrhœa. He illustrates the first form by two cases which may be thus briefly mentioned.

Case I.—A married woman, æt. 31 years, married two years, but never pregnant, consulted Dr. Oldham for painful and scanty menstruation, and more particularly for sterility, on account of which she had been reproached by her husband. On examination the uterus was found natural, with the exception of the os, which was extremely small and contracted. Dr. Oldham resolved in this case to dilate the os by means of Dr. Simpson's concealed bistoury, which was accomplished without pain and without bleeding. A small-sized sponge tent, coated with tallow, was then fixed in the part, and on the following day a common metallic bougie was passed and repeated at intervals of a week, the size being gradually increased. After this treatment, she passed through a period with much less pain than usual, and eventually became pregnant.

Case II—was a woman, ætat. 32 years, complaining of scanty and painful menstruation. The pains were described

as peculiarly severe during the period. After fruitless attempts to cure her by sedatives and attention to the general health, Dr. Oldham divided the os, as in the former case, but the relief was not so decided.

Upon these cases the author remarks as follows:

It will be seen that in the first case the benefit of an artificial section was most marked. Immediate relief to the pain of menstruation, an increased flow, and a cure of the sterility followed upon it. In the second case, the dilatation afforded only partial relief. The first case proves that the operation recommended by Dr. Macintosh is legitimate and useful; and that by it we may, so to speak, release the functions of the womb from a restraint which is essentially morbid. Taking the two cases together, there is also another inference, that the simple presence of a small os uteri is not enough to warrant its performance. I believe that the main distinction in the two classes of cases is, that in the one there is a full development of the internal organs, with the exception of the morbidly small outlet of the womb; in the other, the whole sexual system is but imperfectly developed. This is ascertained by measurement by Simpson's uterine sound, and by the weight of the organ as ascertained by the finger.

There is a symptom common to the two cases which demands a word, viz: the scantiness of the flow. I believe Dr. Churchill to be right when he says that in dysmenorrhœa the discharge may be scanty, profuse, or in ordinary quantity; but it appears to me, that this fact implies another, namely, that there is a corresponding variation in the pathological states which accompany them. In the two cases related, there is to be found the explanation of the diminished flow, in the physical imperfection of the uterus itself. Cases of the second form ought to be classed with cases of amenorrhœa.

The author concludes this portion of his communication with the following summary of his views:

1. There is a form of difficult menstruation which depends upon a morbid contraction of the sexual passages, which may be either congenital or acquired, and affect either the os uteri internum or externum.

2. That this form of dysmenorrhœa is usually accompanied with a scanty flow of the menses and sterility.

3. That a great practical distinction is to be drawn between a womb which is altogether small, being imperfectly developed, and a womb which is well developed excepting in having a contracted orifice. The former cases are allied

to amenorrhœa; the latter are essentially cases of impeded menstruation.

4. That in this latter class of cases, which in practice will be found to be *very rare*, a perfect cure may be obtained by mechanical dilatation of the cervix.

5. That division of the cervix and the passage of a metallic dilator, afford an easy expedient for this purpose.

The second form of dysmenorrhœa is more common than that just mentioned, and has been well described by many writers on female diseases; but Dr. Oldham thinks a very material point in its history has generally been omitted, viz: the effect of its continuance in permanently enlarging and displacing the womb. The following case, which we shall abridge, exemplifies this variety of dysmenorrhœa:

A female, æt. 31 years, last living child aged 9 years, has since aborted several times at the fifth or sixth week; last miscarriage dates a twelve month back; since this has suffered from pain in the hips and back. When seen by Dr. Oldham, had a distressed countenance; complained of habitual pain at the sacrum, running down to the anus; pain in the right inguinal canal; occasional dysuria, and other pelvic symptoms, much increased by walking. Pain on sitting down, copious thick discharge; pain in coition, so severe as to cause its being given up. Menstruation regular but excessively painful, accompanied by clots and shreds of membrane. On examination the vagina was found hot and bathed with discharge; the uterus had prolapsed to within two inches of the external parts; the os was patent and uneven. and somewhat tilted under the pubes, the fundus being at the same time correspondingly retroverted. By speculum the cervix showed a surface of vivid granulations.

The treatment consisted in scarifying the cervix, taking about two ounces of blood at a time; perfect rest, and the use of saline aperients, and the following injection: decoct. papav. ℥vj; ext. conii, ℈j; liq. plumbi, ℥ij. This plan was followed by considerable relief.

Subsequently to this period, the patient exhibited several specimens of dysmenorrhœal membrane, the passage of which was, as before, accompanied by severe pain. Being again placed under treatment, Dr. Oldham leeched the uterus once a week, and put her under a course of mercury, from which she has received considerable benefit. Dr. O. goes on to observe.

This is a case which, in its general features, is very frequently met with in practice, and may be very well taken to

illustrate the pathology, symptoms, and treatment of membranous dysmenorrhœa. It will be seen that painful menstrual periods, with copious, rather than scanty flow, the casting off of portions of membrane, and then an increase in size and weight of the womb leading to its displacement, are the principal signs to be noticed. Partial prolapse, congestion, ulceration, and sterility may also be remarked.

The membrane which is thrown off in this disease varies in appearance, being sometimes a clear tubular cast of the uterine cavity. It more frequently, however, consists of shreds the size of the finger nail, or larger irregular pieces, the expulsion of which causes great suffering. Sometimes the menstrual blood coagulates round a portion of the membrane, and comes away as a hard compact clot. Very often the discharge consists of thin thread-like portions; at others, of half a cupful of thick tufts resembling the villi of the chorion filled with blood. The latter variety of discharge has, I believe, been often mistaken for the so called hydatid degeneration of the placenta; and I feel persuaded never occurs but when impregnation has preceded.

Dr. Oldham's views as to the formation of the dysmenorrhœal membrane are thus expressed.

It is generally thought to be lymph, but if some good specimens are carefully examined, they will be found to possess the same structure as the decidua. Not only do they resemble this structure in having a rough, attached, and a smooth free surface, but, what is more significant to their identity is, they are full of little holes and epithelium scales, which I do not doubt are the openings, and epithelium of the follicles of the uterine glands. It is very true, as Dr. Montgomery has noticed, that the small cotyledonous sacs are wanting, but this is often the case in true decidua thrown off in abortion. I doubt whether the swollen uterine glands bulge into sacs until the choreal villi are attached within them.

The practical bearing of the above remarks is, that the membranous exudation of dysmenorrhœa, equally with the decidua, depends upon an action commencing in the ovary. In healthy menstrution, Dr. Oldham observes that the various stages, the congestion of the ovary, the engorgement of the womb, and the flux are in harmony; but if the sexal appetite is excited in whatever way, then the uterine glands enlarge by sympathy, and a new formation begins, which is cast off at the next monthly period. As a sequel to the membranous forms of dysmenorrhœa, Dr. Oldham mentions retroversion of the womb.

I can bear testimony, he observes, to the truth of an observation of Dr. Rigby, that retroversion is one of the most common affections of the unimpregnated womb, and I would add that one of its common causes is the continuance of this membranous dysmenorrhœa. * * * The change occurs slowly, and takes several months to accomplish. The texture of the womb becomes altered. In a recent congestion the posterior wall is soft, compressible, and painful to the touch, but after repeated engorgements becomes harder, more solid, and very much like a fibrous growth.

I lay stress upon the swelling of the posterior wall, because it is more sensibly affected by congestion than the anterior wall. The natural convexity of this part becomes still more prominent, and when examined by the finger it often feels so round and solid, and swells out so abruptly from the cervix, that I am quite sure it is often mistaken for fibrous tumor. This swelling of the posterior wall forms a good practical distinction between a womb enlarged by congestion and one distended by early pregnancy. I have been in the habit of depending very much on the even enlargement of the anterior wall as a good diagnostic of early pregnancy.

The principal symptoms of the large and retroverted womb (incidental to this disease) are an additional weight in the lower part of the abdomen, and a painful sense of pressure about the sacrum; pain referred distinctly to the inguinal canals. There is pain also on sitting down, with a feeling as if some body were pressed upwards.

In the treatment of this condition of things, Dr. Oldham deprecates attempts to redress the displaced womb by the metallic sound. He relies upon keeping the patient quiet, regulating the diet, and small doses of mercury so as slightly to affect the gums. Leeches are applied to the cervix once or twice a week. Scarification is stated to be only useful when the cervix is granular and bleeds readily. Blisters to the sacrum are also useful. The liquor potassæ arsenitis, given as directed by Mr. Hunt, on a full stomach, is a good auxiliary after mercurial action has been obtained. By this means many supposed cases of fibrous degeneration of the uterus have been cured.

The conclusions to this paper are the following:

1. There is a form of menstruation rendered extremely painful from the production and casting off of a membrane from the cavity of the womb.

2. That this membrane is not the product of inflammation, or a thick mass of epithelium, but it is formed from the uterine glands, just as the decidua is, and is expelled in the same way.

3. That the morbid action does not begin at the uterus, but in the ovary, and the sequence of effects is, first, ovarian congestion, calling forth a sympathetic growth of the uterine glands, forming a false decidua, and uterine engorgement.

4. That this uterine engorgement is oftentimes relieved by a profuse menstrual flux; but if not, the posterior wall of the womb gradually increases in size and becomes hard; the balance of the organ is lost, and it becomes retroverted.

5. That the swelling of the posterior wall and falling back of the womb form a differential diagnosis between congestion and early pregnancy, the anterior wall enlarging in the latter, and the body being directed forwards.

6. That the symptoms of retroverted womb from this cause are not often mechanical obstruction to the other vicera.

7. That the treatment consists in strict attention to general health, leeching, and mercury.—*Medical Gazette.*—*Ranking's Abstract.*

On the Varieties of Headache.—The various circumstances under which headache may arise as a prominent symptom, are thus briefly explained by Dr. Wright in a series of clinical lectures.

To give you a general notion of them, as we are yet dealing in generalities—suppose a patient comes to you complaining of headache. This is a very generic sort of term, and may involve a great variety of specialities, some serious, and others simple. One patient, we will say, is in his teens, or not far out of them, yet he looks older by many years than he ought to do. His face is blanched and parchment-like, cheeks sunken, eyes hollow, lustreless, and watery, and they never look fairly at you; the man is timid, nervous, shuns society, and has no inclination for active pursuits; he is subject to giddiness and forgetfulness, and has almost constantly a dull, heavy pain at the back of his head, perhaps extending down the spine, with a sense of weight and dragging of his legs. Here you have a nervous system enfeebled

and shaken from causes you will easily learn if you pointedly inquire after the personal habits of the sufferer. Another complains of oppressive pain chiefly over his eyes, scarcely ever leaving him, but distressingly aggravated at different periods of the day. It is probable, that these periods are subsequent to meal times, and that then the headache is attended also with drowsiness. The man is dyspeptic. He will tell you that his bowels are confined, and that he is troubled with wind. Look at his tongue, and you will see that it is furred with, most likely, a brownish patch in the centre. Percuss the right hypochondrium, and you may find a greater extent of dullness, or more tenderness, than natural. The condition of the great viscus here is wrong. Liver, stomach. and bowels, are the sources of that frontal headache. Another patient has pain in the forehead, but it is acute and lancinating, and not persistent. Its periods of accession and departure are pretty regular. Ask the precise spot of the pain, and you will have indicated the exit of the supra-orbital nerve of either side, probably the left Here you have a case of tic douloureux, which may have no obvious exciting cause, or may result from exposure to cold, from dyspepsia, from pregnancy, from uterine disease or disorder. &c. Another complains of aching all over his head, considerably increased by heat or cold, as the case may be. On further inquiry, you learn that the pain is chiefly superficial, and that to rub the patient's hair in different directions, sharply, is to agonize it. Here you have rheumatism of the cranial integuments. Look cautiously after this case. You may suddenly have a pain of a different kind, and deeper-seated, ushered in by screaming and shouting, followed by restlessness and delirium, with a glaring injected eye—the meninges of the brain will be suffering from metastatic rheumatism in its most active form. It was gout, thus transferred, that destroyed the valuable life of Dr. Ingleby, your late Professor of Midwifery. Another has acute pain darting through his temples and ears, especially when he gets warm in bed; at the same time, he has what he well describes as 'gnawing pains' in his shin-bones; his nose is tender, and the roof of it painful; he has, or has had, sore throat, and there are copper-colored patches about his body. This headache has its foundation in syphilis; mind your treatment, or the more delicate bones of the head and face may be sacrificed.

A delicate female complains of heavy throbbing pain over the middle, or at the back of the head. She has had it several months, more or less, and is liable to periodical exacer-

bations. The uterus has likely something to do with this pain. It may be a case of simple amenorrhœa; it may denote the climacteric period of female life; it may depend upon pregnancy; or the uterus may be undergoing some morbid change. This organ, however, may not be at fault; habitual constipation, which females are often in the habit of neglecting, may be the cause of the suffering, or it may be occasionally by hemorrhoids.

Such, and so many, nay, many more, are the varieties of pains in the head, having different causes, and requiring different forms of treatment.—*Medical Times.—Ibid.*

On Latent Pneumonia. By M. Saucerotte. — Although the latent form of pneumonia is not unknown to practitioners, it has not attracted so much attention as it deserves. In fact, until the work of Grisolle and a thesis by M. Raymond appeared, we had not any monograph on the subject. As it is, no observer, according to M. Saucerotte, has noticed the connection of the peculiar character of the disease (latency) with a certain epidemic constitution, but it has been customary to regard that character as depending either upon the obscurity of the signs furnished by auscultation and percussion, or upon the negligence or ignorance of the attendant. It is, however, certain that there is a form of pneumonia, which does not present either the ordinary symptoms or course of that affection, and which commences, so to speak, by the second stage, or that of hepatization.

With these introductory remarks, the author proceeds to narrate several cases, from which he deduces the following general history of the disease:

1. *Premonitory Symptoms* are either entirely absent or of slight importance, consisting in a general feeling of lassitude, with shivering, loss of appetite, and but little fever.

2. *Symptoms.*—The temperature of the skin is not sensibly augmented; the pungent heat of ordinary pneumonia is seldom or never present; and the pulse is usually but little affected. The respiration is natural, and the patient does not complain of pain in the chest. Percussion always elicits a dull sound over a considerable extent, and bronchial respiration is audible over the same locality. In some cases slight creptation may be heard around the hepatized spot.

3. *Progress and Duration.*—The duration of latent pneumonia is variable, and depends much on the constitutional powers of the individual, the means which have been employed, and other modifying circumstances. In some cases we have seen the disease linger for six or seven weeks. When the case terminates favorably, the dulness gradually disappears, and the bronchial souffle is replaced by crepitation, respiration becomes more free, and the general aspect of the patient improves.

4. *Diagnosis.*—Pleurisy is the affection with which latent phenomena are most likely to be confounded, and this error the author admits that he has often committed. In chronic pleurisy, however, there is constantly a pain in the side, and the region of the dulness varies with the position of the patient. Apoplexy and bulging of the intercostal spaces shortly clear up the diagnosis. The history of the case and the locality of the dulness are sufficient to draw a distinction between the disease in question and phthisis.

5. *Causes.*—For the most part. exposure to cold.

6. *Treatment.*—The complete absence of, or slight febrile disturbance attending this disease renders general bloodletting necessary. The author usually applied the cupping-glasses or leeches, followed by plasters. The only internal medicine mentioned by him is the tartarized antimony.—*Gazette Médicale.—Ibid.*

Variola, Vaccinia, Varioloid, and Varicella.—Dr. Koesch, the author of any essay published under the above title, conconcludes:

1. That cow-pock is nothing more than small-pox, transmitted to the cow by contact.

2. That persons who have been effectually vaccinated may, in some rare instances, contract dangerous small-pox.

3. That small-pox after vaccination is, in the great majority of cases, of trifling severity.

4. That the rarity and mildness of small-pox are in proportion to the recency of the vaccination.

5. That small-pox seldom appears after the age of thirty, but is not always less severe when it does so.

6. That the majority of the vaccinated are entirely exempt from small-pox, even though exposed to contagion.

7. The identity of variola and varioloid is demonstrated by their phenomena, development, and by the results of contagion or inoculation.

8. That varicella is in nowise connected with variola, but is a perfectly distinct disease.

9. That vaccination is the only mode of exterminating small-pox.—*Ibid.*

Treatment of Epistaxis by Insufflations of Alum.—When hemorrhage from the nasal cavities assumes a dangerous aspect, recourse is generally had to plugging, a measure both inconvenient and painful. M. Lecluyse has successfully employed means far more simple, and at the same time, according to his own account, more certain—namely, the insufflation by means of a quill of equal parts of powdered gum arabic and alum. In one case this succeded after three repetitions; other means, and plugging among them, having entirely failed.—*Prov. Med. Jour.—Ibid.*

Comparative Utility of the Bromide and Iodide of Potassium, in the Treatment of Secondary and Tertiary forms of Syphilis. By John Egan, M.D.—The high price which iodine has attained, has induced many practitioners to seek a less costly substitute, and bromine has been recommended for that purpose, and said to possess analogous properties. Dr. Egan, Surgeon to the Westmoreland Lock Hospital, has experimented pretty largely with this latter article, and in a paper read before the Surgical Society of Ireland, 1st May last, has given the results of his investigations, which by no means confirms the promises held out in its favor.

To form, says Dr. E., anything like a correct estimate of its effects, I selected for trial patients similarly affected with those with whom I had been accustomed to treat with the iodide of potassium, and have drawn up a statistical table of results, which has enabled me to institute a comparison between the two modes of treatment. The varieties of disease which I have arranged into four classes were as follows:—

1st. The eruptive form, comprising the papular, rupial, and scaly varieties.

2d. Affections of the throat, comprising increased vascu-

larity, ulceration at back of pharynx, and excavated ulcer of the tonsil.

3d. Osteocopic pains.

4th. Ulcers of legs.

In the first or eruptive class there were eighteen cases of the papular variety, of which a cure was accomplished in fourteen after a protracted period. In the remaining four it appeared to exert no effect, and the iodide was eventually substituted.

In the two cases of rupia, one patient died, worn out by frequent epileptic attacks, in whom the bromide had been used with little benefit for six weeks. In the other, no perceptible alteration was manifested in the symptoms which presented.

In the scaly variety it failed in one; the other recovered after a lengthened period, desquamation appearing to be the result more of time than the operation of medicine.

In the second class, consisting of affections of the throat, its use was attended with success in two cases of increased vascularity in which it was employed: on one case of excavated ulcer of the tonsil (the only one from the rarity of this form of disease in which I had an opportunity of testing its effects), it produced no beneficial result; and out of six cases of ulcertion of the pharynx, its protracted use was only productive of advantage in three.

In eighteen cases of syphilitic pains, success followed in fourteen instances; in the remaining four the iodide was resorted to, to effect a cure. During its administration in this form of the disease, I was frequently obliged to have recourse to anodynes, in order to render the patient insensible to pain, over which for a considerable period it appeared to exert no salutary influence.

In the fourth class, comprising ulcers of the lower extremities, which might be more properly termed syphilitic cachexia, it produced a beneficial effect in two, but failed in three. The minimum dose employed in these several instances was five grains, the maximum ten, three times a day, beyond which I found it impossible to push it; the vehicle selected for its exhibition was water, with the addition of a little simple syrup.

In taking a retrospective view, extending over a period of four years, of the cases of secondary and tertiary syphilis treated with the iodide of potassium, and those just detailed in which the bromide was substituted, I think the former line

of treatment must strongly recommend itself to every impartial mind, for the following reasons:—

First. The iodide exerts in the majority of instances an instantaneous, decided, and always a beneficial action, contrasted with the bromide, whose effects are slow, unsatisfactory, and frequently unsuccessful.

Secondly. The iodide seems to act favorably, not only upon the disease for which it is prescribed, but also upon the constitution in general, by increasing the appetite, improving the powers of digestion, thereby enabling the patient to gain flesh while under its influence, whilst the bromide not unfrequently produces nausea, impairs the appetite, and deranges the digestive organs.

And lastly, every form of secondary and tertiary syphilis (with the exception of iritis) is amenable to the action of the iodide, whilst that of the bromide is extremely circumscribed. A very general impression prevails among the profession that in order to obtain favorable results from the exhibition of the iodide of potassium, it is requisite to administer it in large doses. From the experience which I have had in its employment in the Lock Hospital, I should say that far more desirable consequences are likely to ensue from moderate than excessive doses; it has seldom occurred that every wished-for indication was not fulfilled by five grain doses, and in no instance did it appear necessary to increase it further than ten grains thrice a day.

The vehicle most commonly selected for the exhibition of iodide of potassium, which, by the majority of writers is considered materially to assist its therapeutic qualities, is some preparation of sarsaparilla, usually the compound decoction. From repeated experiments, I feel convinced that the beneficial effects of the iodide are in no way assisted by these preparations, as to the utility of which, either directly or indirectly, reasonable doubts may be entertained.

Dr. Stapleton confirmed Dr. Egan's views, and stated that, in comparison with the iodide of potassium, he had found the bromide almost inert.

Dr. Geoghegan has used the bromide pretty extensively, and also was led to a nearly similar estimate of its inefficacy. In some rupial affections, however, he had found it decidedly advantageous; and in venereal rheumatism, also, it had been extremely serviceable; but in most other respects its action was probably inferior to that of the hydriodate.—*Dublin Med. Press.—Am. Jour. Med. Sci.*

Effects of sudden changes of Temperature.—It is not unusual," says Von Littrow, (*Miscellaneous Writings*, Edited by his son: Stuttgart, 1846.) for sitting rooms [in Russia] to be heated to 30° Reaumur (99° Fahrenheit), whilst the temperature out of doors is as many degress below zero. Now, as the inmates of such rooms must leave them more or less every day, and expose themselves to the open air, they must undergo a sudden change of temperature of fully 60° (135° Fahrenheit), which not even a Russian constitution could endure, unless peculiar precautions were taken. The middle-aged foreigner who settles in these regions, and chooses to adhere to the customs of his own warmer country, generally succumbs quickly to the severity of the climate. In Perm, for instance, a town that is south of the latitude of St. Petersburgh, I was told by a young German, who had been settled there for six years, that not one of his countrymen, whom he had found there on his arrival, still survived. 'Within these six years,' he said 'I have followed more than twenty German fathers of families to the grave, and I should probably myself have had a like fate, if I had not arrived here in my twenty-third year, at an age when the constitution is sufficiently plastic to accommodate itself to new outward circumstances.—The Russians,' he added, 'know this very well, and they look on every foreigner who comes among them in his fortieth year, as certainly destined to die soon. Thus, the parents all die premature, but their children in genral thrive very well.' The frequent and sudden exchange of a hot room for the cold outer air produces a malady peculiar to those northern regions, and which is the more appaling since it must be remedied on the instant, otherwise it will be rapidly fatal, or will end in a very distressing chronic malady. The strongest and healthiest man, if he put one foot out of the room, or if the door or window is opened for a moment, is often seized with an uneasy sensation, which is immediately followed by an extreme disturbance of his whole system, the consequence of the sudden suppression of perspiration. A great weariness in the limbs, a feeling in the extremities as if they would drop off, piercing headache, and a burning in the eyes, are the first somptoms of the disorder, and if they are not immediately remedied, the case is soon beyond curing. The grand requisite is to restore the suppressed perspiration. To this end the invalid is put into bed without delay, with his clothes on, heaps of blankets and furs are laid over him, and he is made to drink as much very hot tea as he can swallow. The patient has no sooner gulped this down, and drawn in his head under

the clothes, than a copious perspiration breaks out over his whole body, and all the alarming symptoms vanish as rapidly as they first appeared. The rest of the company, who have meanwhile seated themselves again round the table, are not at all surprised to find the sick man sticking his head out from under his mountain of furs in the next quarter of an hour, and chatting with them as gaily as if nothing had happened, whereas to any one not familiar with such cases, he would have seemed a few minutes before but a lost man. The coverings are gradually taken off, and the patient is often quite well again the same evening, and as hearty as ever.

But the case is very different with those who are not thus relieved on the instant. If they are not dead by the next day, which most commonly happens, they remain crippled in every joint, and die a painful, lingering death. These people may at once be recognised, not only by their crippled limbs, but by a peculiar cachectic expression of countenance. Their answer, when asked what is the matter with them, is—*Prosdudilsa*, 'I have had a chill,' a word that smites with as awful a sound on the Russian ear as ever *danatos* did on that of a Greek of old.

Whoever is not capable of being instantly thrown into a copious perspiration by a few cups of hot drink, will, if he takes my advice, keep away from those regions. But how is it that there are no such unfortunate persons among the Russians? I never met with any. Just as many persons can fall asleep whenever they like, so all Russisns can perspire at will. Give them a cup of tea, a warm cloak, and thick cap, and the thing is done. They may thank themselves for this precious peculiarity, for such it really is. Their frequent use of hot baths keeps the pores of their skin open, and their copious draughts of warm tea increase the excreting power of the skin, adapt it to resist the influences of their climate,—influences which, but for these counteracting causes, would perhaps be more pernicious to the population of Russia than even the plague is to the people of the East.—*Westminster and Foreign Review.*

Pathology and Treatment of Croup. By Mr. Hird.—The author of this communication believes croup to be an inflammatory disease of a specific nature, and distinguishes it from the purely spasmodic closure of the glottis, which, in its commencement, it often closely resembles. He states that in ex-

amination of fatal cases, where the patients survived the attack only a few hours, and in which the inflammatory symptoms were the most severe, he observed only slight traces of albuminous exudation, the mucous membrane of the trachea and larynx presenting a red and swollen appearance, and being covered with a tenacious and sanguineous frothy mucus. When death occurred two or three days after the commencement of the attack, and where the inflammatory symptoms, although fully developed, were of a less acute character, a pseudo-membrane, of a grayish-yellow color, and about a line in thickness, occupied either the trachea only, or the trachea, larynx, and bronchial tubes. In some cases, a viscid muco-purulent secretion adhered to the mucous membranes of the air-tubes. In the air-cells and parenchyma of the lungs, a reddish serum was frequently found; hepatization, also, was occasionally observed. The croupy membrane, he stated, may adhere throughout its entire extent to the mucous membrane of the air-passages, or hang loose from a pedicle, like a polypus, or attached in the centre, and free at one or both extremities, or it may be completely separated from the mucous membrane by a muco-purulent secretion.

In the treatment of croup, Mr. Hird stated, that during the last four or five years he had never resorted to general bloodletting, and that he was induced to adopt this course, from witnessing the unfavorable result which generally followed its use, both in his own practice, and in that of some of his professional friends. Croup, he considers an inflammation of a character bearing some analogy to erysipelas, or to inflammation occurring in scrofulous individuals, which occasions the formation of a pseudo-membrane, that will require for its removal a certain amount of vital energy, both in the respiratory organs and in the system generally. The inflammation of croup he believes to be less under the influence of bloodletting than healthy inflammation, and that whether it be looked upon in reference to the alteration to be expected from it on the progress of croup, or on the subsequent effects of the evacuation on the system, it will be found both unsatisfactory and dangerous.

The class of cases in which he occasionally prescribes leeches, or a cupping-glass to the chest, are those acute affections in which there is not the same disposition to the formation of a croupy membrane, and in which the larynx is affected. The inflammation, he considers, approaches more to the character of healthy inflammation, is more under the control

of blood-letting, and is apt to cause effusion near the glottis, which speedily proves fatal.

In the early stage of both varieties of the disease—i. e., both in the ordinary tracheal disease, as well as in the more acute affection in which the larynx is affected—he gives, in the first instance, an antimonial emetic, the dose varying from a quarter of a grain to a grain, according to the age of the child. After vomiting has been produced, he orders three grains of calomel, and if necessary, repeats the dose, that the bowels may be freely acted upon. If, by these measures, the febrile and inflammatory symptoms are in some degree subdued, he finds the greatest benefit from the free use of the alkalies. So long, however, as the fever continues unabated, and the heart's action unsubdued, he keeps up the state of nausea with a solution of the potassio-tartrate of antimony, in doses varying from a twelfth to a quarter of a grain every half-hour or hour, until a decided check to the symptoms is produced. As a local application to the throat, he advises a flannel bag half filled with hot salt, as recommended by Mr. Kirby, of Dublin. The warm bath, and a blister between the shoulders, or on the sternum, for an hour or two, are often of great assistance. Mr. Hird considers that the alkalies act by allaying the irritation which produces the paroxysms of spasm, in the same manner as they allay the cough in hooping-cough; and that they are as valuable in promoting the absorption of the albuminous exudation thrown out in this disease, as they have been proved to be by Sir B. Brodie, in the removal of large fatty tumors occuring in various parts of the body. He prescribes ten or fifteen minims of the liquor potassæ every four hours, or in smaller doses more frequently repeated. At a later period of the disease, he gives the decoction of senega, combined with ipecacuanha, squills, and ammonia.—*London Lancet.—Rankin's Abstract.*

Ship Fever in Canada.—This disease, which is but a malignant modification of typhus, has carried off great numbers; and, we are sorry to add, from its remarkably contagious nature, is rapidly gaining ground in this city, Quebec, and those places along the route to the upper province usually followed by the emigrants. In consequence of the crowded state of the passengers on shipboard, aided by poor diet, want of free ventilation, and that total absence of personal cleanliness, for which the pauper class of the Irish who arrive

here appear to be distinguished—numbers have perished on the passage; while in those, whose constitutions have enabled them to weather the hardships and distress incident to protracted voyages under the circumstances mentioned, the disease rapidly develops itself after their arrival, and is characterized by the same malignity, and a nearly uniform mortality, under whatever circumstances treated. When treated early, the disease is most usually found manageable; but if delay takes place, even for a few days, before medical assistance is called in, the cases most frequently turn out unfavorably. It is usually ushered in by a rigor, general *malaise*, and the usual concomitants of a febrile attack; to which are superadded a marked prostration of nervous energy, mental depression, disinclination to motion, the tongue usually affording palpable evidence of irritation or congestion of the mucous membrane of the alimentary canal, and in many cases the icteroid tint of the conjunctiva and skin denoting a congested state of the hepatic system, and an impairment of its functions. Diarrhœa, dysentery, and bronchitis, are the usual complications, and in one respect the disease differs materially from the typhus which in previous years has prevailed among the emigrants, in the supervention of profuse sweats, of a *non-critical* character, breaking out at irregular periods of the disease, and in all the cases in which we have seen it, indicating the necessity for an immediate recourse to a stimulant treatment. Petechiæ make their appearance usually about the sixth day, and are diagnostic of the severity of the disease and its type.

With reference to the treatment, we have to observe that one of an active nature is to be generally avoided. So great is the nervous depression and the debility, that abstraction of blood, either local or general, can seldom be borne with impunity, even in those cases which, under ordinary circumstances, would appear most to demand it. In other respects, the treatment to be pursued is that usually employed in febrile cases, omitting every article likely to induce, or keep up, irritation of the mucous membrane; while a cautious stimulation is usually early demanded when the pulse affords signs of weakness.

Up to the present moment, 32,338 emigrants have landed on our shores; and of this number, exclusive of those who have died on the passage, and are sick in this city, Quebec, and the intermediate places, (and of whom we have no record, because not entering the hospitals,) upwards of 5000 have been known to have been ill—being about one-sixth of the whole number. The medical staff at the Quarantine, and at the Emigrant

Sheds in this vicinity of the city, have received additions to their numbers; but are yet insufficient to meet the exigency. The medical officers in charge are worn out and harrassed with their arduous and unceasing labors. The mortality is appalling. At the Quarantine establishment at Grosse Isle, 2796 cases, of which more than four-fifths were cases of fever, have been treated between the 8th of May and the 19th of June. Of this number 565 have died, being at the rate of 1 in every 4·9 cases, or 20·4 per cent. At the Emigrant Hospitals, in the neighborhood of this city, between the 13th and 28th of June, 1420 cases, all of fever, were admitted—the deaths during the same period numbering 331, affording a greater ratio of mortality, the rate being 1 to every 4·2 cases, or 23·8 per cent.—*British American Journal of Med. and Phys. Science.*

Munificence of the King of Prussia for Medical Services.—The King of Prussia caused to be purchased, a few days ago, the villa of Thiergarton, occupied by Dr. Schoenbein, physician to the Queen, and then sent the doctor the purchase-deeds which bore his name as proprietor, in order to recompense the care and attention which he bestowed on her majesty during her recent illness.—*Med. News.*

Method of administering Quinine.—An infusion of coffee is said to conceal the bitterness of quinine without impairing its medicinal virtues, and it is recommended to give the medicine in such an infusion.—*Ibid.*

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TRAVELING LETTERS FROM THE SENIOR EDITOR.

NUMBER ONE.

Mountains of Western Virginia,
July 9th, 1847.

To My Colleagues:

GENTLEMEN:—If you should mark this letter No. 1, you might involve me in some difficulty, as I may not find time or topics for another. Even this, I fear, will possess but little interest, and I charge you not to publish it, to the exclusion of the communication of *any* correspondent. We must regard the interests of our readers, and not give them bad matter, if good be within our reach. After this commendably modest exordium, I proceed to show that the charge I have just given you is very timely.

Leaving the Pittsburgh packet, *Hibernia*, (which I can strongly recommend to all our traveling brethren, as the famine which pervades her namesake-country finds no place at her table), I took the stage at Guyandotte, and set off for Charleston and the salines of the Kenawha Valley. On the way I stopped, for a moment, at Coal Bridge, to see

A Lady said to have been Cured of Fungus Hæmatodes.

The case is not unworthy of a passing notice. The patient, in the latter part of last summer, or early in autumn, was brought to Cincinnati by her husband, for the purpose of consulting Dr. Rives, who, after an

examination, desired me to see her. We found her left breast enormously enlarged and tuberous; some parts were much softer than others; portions of it had a dark red color; and the veins of the skin in many parts were varicose. The tumor had been several years in arriving at this condition. It was the seat of occasional pain, and the general health of the patient was impaired. In short, we concurred in the opinion that it was a *fungus hæmatodes*, and that excision was inadvisable. Under this diagnosis and prognosis, we recommended to her to return and do nothing. She left us, but instead of going home, visited the neighboring town of Gallipolis, in Ohio, and put herself under the care of a practitioner who, it was said, could cure all sorts of cancers, without an operation. In the ensuing winter I received a newspaper, containing a letter from the lady, who is a respectable teacher of girls at Coal Bridge, stating that she was well. The publication, I confess, took me by surprise, while it afforded me great pleasure. It was to ascertain by personal observation her exact condition, that I stopped at the place just mentioned.

I found that her breast was entirely gone, and the skin over the part apparently sound and healthy. The eschar was somewhat extensive and spragling, and felt rather hard; but she said it was entirely free from pain and all morbid sensibility. There were no axillary tumors, but I am not quite certain that there were any last summer. Her appearance was healthful, and she assured me that she had never felt better in her life. The account she gave me of the treatment was, that the doctor, whose name I have forgotten, began by making a hole in the breast with caustic, into which he put something which killed, successively, the whole tumor. The dead parts he dissected out with scissors, from time to time and in the aggregate they weighed eleven pounds! During this treatment, which lasted for several weeks, she experienced considerable pain, which was alleviated with sulphate of morphine. After all the diseased structure was removed, granulation and cicatrization proceeded rapidly; and when I saw her, at least six months had elapsed without any symptom of recurrence of the disease, in that or any other part.

Now, if Dr. Rives and I were mistaken in the diagnosis of this tumor, and it was neither carcinomatous nor encephaloidal, it was at least a very large and painful chronic induration of the breast; and although the removal of such a non-malignant tumor with the knife would have been a preferable mode, still we see that it may be accomplished successfully with caustic. But I cannot give up the opinion, that it was malignant; and under that conviction am led to indulge in a few speculative remarks.

In all cases where cancer or encephaloid is the offspring of a constitutional diathesis, the removal of the tumor, either by incision or any kind

of caustic, must of necessity be unavailing; but if there be cases not preceded by such a diathesis, extirpation may be permanently successful. The canons of surgery direct that for this purpose the knife should be preferred to caustic; but is this certainly correct? The object of the operator is to remove the whole of the diseased *structure*, but a diseased *action* precedes and causes the morbid structure, and that kind of action in a germinal or incipient stage may exist in parts which show no pathological change, and thus render the operation unavailing. Now, may it not be—may it not happen—that among the various kinds of caustics and escharotics, there is one which can destroy both the pathological structure and the pathological action, and thus achieve what the knife cannot? I confess that I am not without hope, that this question will sooner or later be answered in the affirmative. But experiment is necessary to an answer of any kind; no regular member of the profession, however, is much inclined to such experiments because they tend (improperly) to place him, in the estimation of his brethren, in the category of mere empirics. Such being the public opinion of the profession, why should we discourage our patients from placing themselves in the hands of the latter? The only objection to their doing so is, that tumors and ulcers which are non-malignant, may be aggravated by the harsh treatment; but in most, perhaps all cases, regular physicians are consulted before the cancer-doctors, and may then declare the diagnosis. Moreover, it is a painful and unsatisfactory thing to a patient to be told that his disease is irremediable, and that he will live longer to do nothing than to do anything. Few hearts are stout enough to endure and patiently wait on such a course. It is better, therefore, for the happiness of the patient to be doing something; and if what is done should sometimes shorten life, he loses very little. Referring then to the *possibility* of a valuable discovery, and to the cheerfulness of the unfortunate victims of cancer and encephaloid, I can see no objection to their consulting empirics. At the same time, I am bound to say, that the majority of that class are mere impostors, and use nothing but what the regular profession have long since tested and found ineffectual. It is not my intention to class with such the individual who treated the case of which I have spoken, for I neither know him, nor the agent which he employed.

Kenawha Salines.

An evening ride of two hours up the beautiful Kenawha Valley, carried me from Coal Bridge to Charleston, the commercial emporium of the salt-works. Above that town the artesian salt-wells and furnaces for evaporation, extend up both sides of the river for ten or twelve miles.

The borings are of various depths, from 300 to 1200 feet. The water ascends in them, not so much by a source in higher ground, as the force of escaping carburetted hydrogen gas; and thus we have here on a great scale, the same phenomena which occur, in miniature, on the small island at the Balize, where carburetted hydrogen, developed in the alluvium carried down by the Mississippi, forces up feeble veins of water, much salter than that of the surrounding gulf at its surface, which is diluted with river water. The evolution of gas in the different Kenawha wells is very unequal. In some the quantity is so great, and it issues with such force, as to throw a column of water many feet in height into the air, when there is no external obstruction. At one or more of these borings the gas is collected in gasometers, and then suffered to escape under the boilers where its ignition produces an intense heat, altogether sufficient for the evaporation of the water which is forced up; thus presenting one of the most beautiful arrangements which the science of economics (if there be such a branch) could afford. But the furnaces generally are heated with bituminous coal, of which the adjoining hills afford an abundance. These hills are from five hundred to seven hundred feet above the level of the river, and deeply cut with narrow ravines, many of which open laterally into the principal valley. About sixty or seventy gallons of the brine afford a bushel of salt, and from the quantity manufactured, near one hundred and eighty millions of gallons of water must be annually converted into steam. This steam no doubt carries up, in solution, a portion of salt and other soluble matters. Here then we have a peculiar locality: 1. The constant escape of carburetted hydrogen. 2. The disengagement of a great amount of caloric. 3. The production of immense volumes of stone-coal smoke. 4. The ascent of vast quantities of a gaseous vapor holding saline matters in solution. 5. A heated atmosphere near the kettles, to which the operatives are at times greatly exposed. These operatives, chiefly negroes, are so numerous as to be counted by the thousand. Such are the conditions to which they are exposed, and to ascertain the effects of those conditions on their constitutions and health, was the chief object of my visit. On this point I shall not go into details, but merely remark, that the employment is regarded as decidedly salubrious.

A word on the meteorological phenomena of this spot. 1st. In calm summer evenings the air cools more rapidly on the adjoining hill tops than in the valleys, and rolling down to the intervening ravines, makes its way, in refreshing breezes, into the principal valley; a phenomenon which I have observed in other parts of this rugged country. 2d. According to the Espyan theory of rain, should we not expect frequent showers in summer over this spot? One person with whom I conversed, declared

them to be more frequent than in the surrounding country, but attention had not been so generally turned to the subject as to supply facts for a decision.

Pomeroy Coal Mines.

The voyage down the beautiful Kenawha, when the water is low, is over a series of pools and ripples. Its banks are so high that inundations of most of them are unknown, and autumnal fever is correspondingly rare, until we come near its mouth; where the alluvial grounds are somewhat more pondy. The Pomeroy coal banks, in the State of Ohio, are fifteen miles above the mouth of the Kenawha. The excavations are all horizontal and on the same plane, which is far above high water mark of the Ohio. The principal drift has been carried through a hill, so as to establish a current of air from south to north. Continuing far into but not through, another ventilation is effected by chimneys carried up to the surface, in which fires are kept burning. Thus the air of the mines is carried out, and the accumulation of mephitic gases prevented. In one part, however, our candles burned dimly, except when elevated to the upper part of the drift, indicating the presence of carbonic acid. No 'firedamp' explosion has happened. Gun powder is employed in blasting the coal, and thus the air is rendered more or less impure by the gases which it generates. All the excavations were dry. The temperature of one of the most secluded was 58°.5, but in general they were 60° or a little more. Nearly one hundred miners are employed in these banks, where they commonly pass about twelve hours of the twenty-four working by the light of candles and lamps, often in very constrained positions, and breathing a great deal of coal-dust. All the operatives with whom I conversed, as well as the enterprizing owners of the establishment, declare that they are a healthy race of men. This they ascribe in part to their working in an atmosphere so uniform in temperature.

Marietta.

From Pomeroy I proceeded (again in the Hibernia) to the *ancient* town of Marietta, at the mouth of the Muskingum river. Here began the settlement of the State of Ohio on the 7th of April, 1788. Till within four years of that time, the present States of Kentucky and Ohio were portions of the 'Old Dominion.' With great propriety, therefore, may they be called sister States, and their physicians medical *brethren*. I have spoken of Marietta as an *ancient* town, and so it is, if we reckon by the number of inhabitants—two millions—which now swarm in the State of which it was the beginning; but if we look to its years, we shall find that it cannot boast of as many as two of the Faculty of our University. Its size, however, is not very great, and while Cincinnati, of later devel-

opment in the political organism, is tending to hypertrophy, Marietta has long shown signs of atrophy. Nevertheless, her structure is, and has been, normal and healthy; and she has long had two physicians who have conferred honor on her name. They are Dr. HILDRETH and the late Dr. COTTON.

Dr. Hildreth left his native State, Massachusetts, and settled in this place forty years ago. His talents and acquirements were respectable, but the strength of his character, and the earnest it gave of future distinction, lay in its *morale*. He formed, and has perseveringly carried out, the determination to employ that great capital, TIME, to the best advantage. Hence he has constantly kept important objects in view, and thus achieved more than ninety-nine-hundredths of his western cotemporaries, either north or south of the Ohio. All, it is true, has not been professional, but of that which is strictly so, he has done much more than most of us who have aimed at nothing else. He has published many important papers on the diseases of his locality, and has many folio volumes in manuscript of recorded experience, out of which to draw materials for future publications. For a quarter of a century he has kept and published, annually, in Silliman's Journal, a meteorological register, with interesting notices of epidemic diseases, and facts for a *Calendarium Floræ*, of the different seasons; he has described the great coal basin in which I am now traveling: he has made a record of the curious antiquities of the spot on which he lives; lastly, he has written the early history and biography of the region round about him, both in Ohio and Virginia. Such are the fruits of good purpose, temperance, piety, and unfaltering industry; and the old tree is still succulent and vigorous enough to bring forth many more. Now, could I perform a kinder office to our young readers than to present them with the example of such a man? I trust they will believe I could not. May they henceforth resolve to do likewise.

Dr. John Cotton, the cotemporary and friend of Dr. Hildreth, is now no more, except in the hearts of those who knew him, or had, through his successful practice of 30 years, been rescued from the hand of the destroyer. His emigration from Massachusetts was in the year 1816—his death in the month of April last. My acquaintance with him was limited, but I knew his character well, and have before me the data for a just estimate of it, in a publication made immediately after his death by his *confrere*, Dr. Hildreth. One of his intellectual characteristics was the care and success with which he cultivated the Latin classics; so that up to the time of his death he continued to compose in that language, with a degree of accuracy and elegance, which secured the admiration of all around him, in a community where there are many good scholars. He was also acquainted with the Greek language, and at the age of forty

studied the Hebrew. His attainments in astronomy were respectable, and rendered useful to the community by his delivering courses of public lectures on that science. His taste took, likewise, the direction of political and legal science. For one session he served in the Legislature of Ohio, and for twenty-one years was an associate judge of the county in which he lived. One of the founders of the Marietta Collegiate Institute, he was from its beginning a trustee, and for some years the president of the board. Sincerely and devotedly pious, he was indefatigable in every religious duty, and never failed (except when prevented by professional business) to be at his post as a Sunday-school teacher. But none of these things prevented him from rearing a professional reputation, which for years gave him a distinguished place among the leading practitioners of the section of country in which he lived; and had his life been prolonged, he would, no doubt, have made a liberal contribution to our western medical literature, for his application was great, his love of truth sincere, his judgment admirably balanced, and his sagacity acute. Well would it be for society and the dignity of our profession, if every town of two thousand inhabitants contained such a man.

I must skip from the mouth of the Muskingum, in Ohio, to the escarpments of the Laurel mountains in Virginia, where some things of interest present themselves, but as my letter is already too long unless it were better, I shall give you only one.

A Splendid Practice to be Sold out Cheap.

In the neighborhood of 'Cheat River,' my host, whose dimensions and complexion marked him as a lineal descendent of good old Mr. Boniface, happened to be a doctor. While taking a 'hasty' cup of tea, with stewed cherries and bread and butter (a dinner which I recommend to all travelers) my inquiries disclosed to him my own profession, and he soon became pleasantly communicative. After assuring me that ague and fever is unknown in that region, he proceeded to state that he wished, henceforth, to devote himself exclusively to innkeeping; and that, having a '*splendid practice*,' he was desirous of selling out to a successor. The temptation was very strong; but as I wished not to be *cheated* out of my visit to Quebec, I made an early escape from the scene of allurement. As my two-horse stage, with no passenger but myself, trundled quietly along over mountains made still loftier by a panoply of oaks and chestnuts, intermingled with pines; or through deep and wild valleys, 'darkly smiling' with Kalmias and Rhododendrons, and fanned by delicious breezes; I could not but feel sorry for many of our toiling and wilted brethren in the sunny and sultry south, and resolved to apprize them of this attractive spot. To the young man who has sauntered among the tributaries of

Pearl river, without finding pearls; or, instead of black patients, on the wide bottom of the Black Warrior, has contracted the 'black janders;' or, to the still more luckless wight, on the banks of the Tallapoosa, who, aiming to get a true *rib* with a large cotton-field, has got within his false rib a large spleen; this retreat from all sorts of miasms, agues, and congestives, with the immediate prospect of a 'splendid practice,' offers advantages too good, I am sure, to be neglected. I would like to expatiate upon them, but having already extended my letter to an unreasonable length, I must request you to do it in an editorial.

Your friend and colleague,

DAN. DRAKE.

TRAVELING LETTERS FROM THE SENIOR EDITOR.

NUMBER TWO.

Mountains of Pennsylvania,
July 28th, 1847.

To my Colleagues:

GENTLEMEN:—Although nearly three weeks have elapsed since the date of my first letter, I fear that I have not picked up sufficient *materiel* for a second; nevertheless I will begin. Should it turn out to be shorter than the last, our readers will not be displeased, however much our compositors may grieve, seeing that I write a plain, large, honest, readable hand, so unlike the illegible chirography of many of our correspondents over which the poor printers are obliged to boggle and blunder. How strange it is that penmanship has never been made a branch of *medical* education. I wonder the late National Convention did not give attention to the matter. Half of our physicians write so carelessly, or awkwardly, or affectedly, that the whole Champollion school could not decipher their hieroglyphics. To say nothing of communications for the Journal which cannot be published because they cannot be read either forward or backward, and are therefore lost to the world, I may refer to prescriptions, which, on the files of the compounding apothecaries of Cincinnati and Louisville, present specimens of the obscure which are truly original. How many poor patients have had their diseases aggravated, or their lives placed in jeopardy, by this heterologous penmanship, no one can tell. Even death has been its effect.

I knew a physician to order, in a recipe put up by one of his own pupils, a certain quantity of water, and intending to write *Aq. fmt.*, he wrote what was deciphered as *Aq. fort.*—the child took a dose of the mixture, and immediately expired. So much for making an *n* look like an *r*. In their directions to patients, moreover, there is often great looseness, even in punctuation, an instance of which I may mention, to dissipate the feeling of sadness which the last is so well fitted to raise.

A physician wrote to his patient—'*Take wine, and bark,*' whereupon the poor fellow swallowed a glass of the former, and fell to barking! One other example will conclude this unpremeditated exordium. A physician made out his bill, and wrote at the bottom, '*Please pay,*' to which he subscribed his name. As his patient, like many others before and since, had more acuteness than cash, he discovered that the word *Please* was so written that it might be read *Received*, and gave no attention to the matter. In due time he was brought before a Justice of the Peace, when he produced the account. His worship, after a deliberate examination, in which he was assisted by his wife and the constable, decided that it was a receipt, and the poor doctor had to pay the penalty of his carelessness, by paying the cost, besides losing seven dollars and fifty cents, the charge for his services!

But I must turn from things common to the whole Valley of the Mississippi, to those which are found in a small section of its illimitable borders.

Soon after my last date in Virginia, I entered Pennsylvania through the southern county, Fayette, over the Laurel mountain; and am now in the northern border county of Warren, near New York, having traversed the State from south to north, in its sub-alpine belt. South of Pittsburgh, my rambles were in the basin of the Monongahela; north, in that of the Allegheny, on the banks of which, two hundred miles above the city, I am now writing. On this trip I have met with many objects, scenes, and events, which would interest our readers as *men*, but as a medical journal is not the vehicle in which to send them forth, they will, I fear, be lost to the world. Happily the world will never know its loss, and therefore will not grieve.

While at Uniontown, in the Valley of the Monongahela, I made a visit with Mr. Oliphant to his noted Iron-works—bearing the liberal name of '*Fair-chance.*' They are at the foot of Laurel mountain, within the coal measures, and present a rare assemblage of natural facilities. Ore (of which I brought away specimens for the cabinet of our University), coal for the manufacture of coke to be used in smelting, limestone the only required flux, and fire-clay for the lining and hearths of furnaces, all lie *stratum super stratum*, in low rounded hills; while water, issuing from the side of the mountain, descends and is distributed by pipes throughout the works. Both the ore and limestone are in oval, circular, or reniform, compressed nodules; and much of the latter, is to some extent impregnated with the former.

In roasting and smelting the ore the operatives throw it into the top of a chimney built on the hill side, and are much exposed to whatever fumes may be driven off by the heat below. In questioning them concerning the effects of these fumes on their health, they answered that

sometimes their breathing was affecteed and they felt faint. One of them added, that he had lost a great deal of flesh, and was subject to sudden and transient colicky pains. A good deal of sulphur, combined or uncombined, is no doubt exhaled, and perhaps some arsenic, but on this point I have no facts. The men who melt the pig metal and make bar iron, are not exposed to these exhalations, but they work in a temperature which excites profuse perspiration. I found it to vary in different parts of the establishment from 90° to 105° of Fah. They appeared to enjoy good health.

The country between Uniontown and Pittsburg, by way of Brownsville and Washington, is, perhaps, the oldest settled portion of the west, except some of the interior counties of Kentucky. It is subject to remittent autumnal fever, in a sporadic degree, but intermittents are nearly unknown. Lately a well characterized typhoid fever has prevailed, as a local epidemic, in several localities; and dysentery appears to be more frequent than farther west. The surface is every where dry and hilly.

In one of the towns I met with a very intelligent physician, who, mischievously, amused himself by telling me of an apparatus for fractures of the thigh, which had been patented and hawked through that region, in connexion with the certificates of several medical *professors*. On examination, he pronounced against it, *a priori*; but one of his neighbors rejected his opinion, and applied it to the broken thigh of a man—which, when ossific union was effected, proved to be two inches shorter than the other! From this it appears, *mirabile dictu*, that medical professors are not infallible.

Speaking of patent apparatus reminds me of patent medicines and quackeries in general, on which I would remark, that the Western Pennsylvanians do not appear to be as gullible in reference to them as the people in some other quarters. A druggist in Pittsburgh, it is true, has made a large fortune by some kind of worm killer, but systematized steameopathy, homœopathy, and hydropathy have not flourished there as in Cincinnati and Louisville. The homœopathist, who, a few years since, almost reduced the physicians of Louisville to homœopathic doses of bread and meat, had previously 'tried his hand' on the good people of the *Iron* city, who proved to be too *hard* for him. In fact they *tired* him with homœopathic doses of the staff of life, when he *rolled* off for the Falls' City. As you *know*, like another dog he there 'had his day,' and then disappeared; but perhaps you do *not* know where he next made a stand. It was on the banks of the Tombigbee, in the State of Mississippi, where he *rolled* over the steameopathists, who had previously scalded out the 'regular doctors!' But as our readers would no doubt prefer homœopathic doses of this kind of gossip, I will proceed to something else.

The Iron City cannot be said, in any sense of the word, to make an

imposing appearance, for its exterior is dingy and sooty, and its intrinsic merits are so great that it is found more excellent than it appears. I hope, in due time, to receive an accurate estimate of the amount of bituminous coal consumed daily within its extended limits, till when, I shall only say, that the quantity is greater than in any other city in the Union, while its topography is by no means favorable to free and full ventilation; as a hill, nearly five hundred feet high, stretches along its southern side, and the Ohio, on leaving it, takes a course very much to the north-west. Thus, its atmosphere is forever charged with the mechanical and gaseous impurities which arise from its 'thousand and one' artificial volcanoes. The inhabitants believe all this highly beneficial in the prophylaxis of epidemic diseases, and refer to the absence of ague and fever, and their slight invasion of epidemic cholera, for proof. I shall admit the facts, without at present either adopting or rejecting their theory; but must say, that if they escape many of the violent diseases of other localities, they do not present the aspect of high health and abounding vigor. The corpulent rotundity so common in the streets of the Falls' City, is not seen here; and a sallow hue, with somewhat of contracted features, is common. Even the children are not chubby and ruddy, but present many lean faces, and older visages than properly belong to their years. Of actual diseases generated by the perpetual inspiration of the factitious atmosphere, I hope to say something 'at another time and place.'

You are aware that goitre was once epidemic in Pittsburgh, and has disappeared. Before going thither, I had assumed that certainly *I* could find out the cause, but, alas! how often Mr. *I* disappoints our expectations. It is *consoling*, however, to know that the very respectable medical gentlemen of that city have equally failed. Most of them, in fact, know nothing of the disease, except as a matter of history, for it began to cease more than thirty years ago. Dr. Denny is its only historian, and he wrote chiefly from tradition and the recollections of the 'oldest inhabitant.' But for his valuable paper, in the 9th vol. of the Philadelphia Journal, its history would be most imperfect. At present it prevails less in the city than in the country and the country towns, some of which, as Franklin and Warren on the Allegheny river, present a considerable number of cases, more than any part of the west which I have visited, except perhaps a zone across the State of Ohio, embracing the Sciota and Cuyahoga vallies.

I am now writing in the midst of the pine-lumber region of the Valley of the Mississippi. There is no other which can compare with it in extent or the number of operatives employed. It comprehends six or eight counties in Pennsylvania, with three or four in New York; and abounds in mountain streams, on which there are saw-mills innumerable, with

quite as many trout and water-falls. Of the diseases which prevail among the laborers in such a locality, one cannot find much to say. They are chiefly the phlegmasiæ of the lungs and joints. Here, then, is the place to which dyspeptics and hypochondriacs from the low country should repair, to fish and hunt among whortleberries and rattlesnakes, and clamber over the rugged hills of subcarboniferous conglomerate, or cut *down* and saw *up* the gigantic white pine, or drag it to the mill with oxen, or raft the boards—according to their respective tastes or pecuniary means.

To-morrow I shall enter the Empire State and still be within the waters of our own beautiful Ohio, whose cephalic dimensions are such, that if he could shake his head, the mountain rivulets would be agitated from New York to Alabama, through eight degrees of latitude.

Your obedient servant,

D.

MEDICAL REFORM.

A cotemporary, in some strictures on the proceedings of the late National Medical Convention, condemns the preliminary education required in medical students, "as far in advance of the state of society as at present constituted in this country." This does not appear to us to have been the question before the Convention, or the one now before the profession. Is the standard erected by the Convention too high? That is the question to be settled, and we are free to confess that our answer is in the negative. It may be that students in every case will not be able at once to come up to it; but if we attempt no motion forward are we likely ever to progress? If nothing is said by those who feel the importance of a higher preliminary standard about an extension of preliminary studies, is there any hope that students will take the matter in hand and extend them? There must be agitation before there is reform. We have no hope of an immediate acquiescence in the suggestions of the convention, but we feel quite sure that the discussion of the various topics started by it will lead to important reforms.

One sentiment advanced by our cotemporary strikes us as curious, coming as it does from a public teacher of medicine. It is the following: "A physician must converse with those who employ him upon those subjects adapted to their knowledge and tastes; and if he has been educated above their standard he must bring himself down to their level; and the inevitable consequence is, that he forgets all that he is not in the habit of daily using, and in a few years is but little elevated above his neighbors." Now, we had supposed the operation of knowledge in such cases was the reverse of this, and that instead of being degraded and ex-

tinguished, its tendency was to elevate, ennoble, and refine those who were brought within its influence. We had thought that the educated physician was likely to instruct his less fortunate associates, and to act as a leaven in the community where he resided, exciting in the whole mass better tastes and more generous impulses. We shall be surprised if our country brethren do not take this remark of our cotemporary as anything but complimentary to them. They will be slow to admit, we think, that, every year since they received their diplomas, they have been multiplying the fathoms of descent towards the level of their ignorant neighbors.

The writer to whom we have been referring admits the value of "*Clinical instruction*," but insists on the impossibility of imparting it in many of the schools. Upon this admission one of his critics in a Philadelphia journal has the following rather stringent suggestion:

"It is respectfully submitted that a school which proposes to educate *practitioners* of medicine, and cannot illustrate pathology with living cases, is bound either to close its doors, or to announce that patients who employ its graduates must do so at their proper peril, regarding the title of doctor conferred by it as indicating no competency to treat disease."

ON THE VARIETIES OF HEADACHE.

An interesting article on this subject will be found in another department of this number. Dr. Wright has described with great clearness several varieties of headache. We have often met with the following not mentioned by him: An individual rises in the morning with a headache, with which he may or may not have gone to bed. At dinner or supper the evening before he partook of some indigestible article of food which, passing the stomach, is producing irritation in the bowels. In this region green corn is often the cause of such trouble. The remedy is obvious, and consists in a laxative to remove the offending body. A Seidlitz powder or a little Bluelick water, taken before breakfast operates promptly and affords complete relief.

We have met with still another variety of headache, which generally attended influenza in 1843, and is often associated with catarrh. This is a headache confined to a small space over the eye, in the region of the frontal sinuses, and is not unfrequently periodical in its character. Such headache is sometimes purely nervous, and will yield to an opiate. In the epidemic referred to, this pain in the forehead was the most distressing symptom in a majority of cases, and its subsidence under a teaspoonful or two of paregoric often surprised as much as it delighted the patient. It was found necessary to repeat the opiate two or three days at the recurrence of the headache.

RANKING'S HALF-YEARLY ABSTRACT.

The fifth number of this very valuable publication has come to us enriched with its usual variety of scientific and practical matter. Our readers are aware that the "Abstract" is published by Messrs. Lindsay & Blakiston, in Philadelphia, at the low price of $1 50 per annum. The editor, Dr. Ranking, is assisted by Drs. Guy, Day, Ancell, and Kirkes, whose reports on the progress of the medical sciences contained in this number are worth many times the annual cost of the Abstract. These reports relate to practical medicine, pathology and therapeutics, surgery, chemistry, midwifery, diseases of women and children, anatomy and physiology, forensic medicine, materia medica and pharmacy. We cordially recommend this admirable publication to our readers.

LAW DEPARTMENT OF THE UNIVERSITY OF LOUISVILLE.

Prof. Duncan having been called by a portion of the citizens of Kentucky to represent them in the Congress of the United States, has resigned his chair in the University of Louisville. We are glad to learn that the Hon. Ephraim M. Ewing, a gentleman every way worthy to be his successor, has been called to the vacancy by the board of trustees. Mr. Ewing was for many years a judge of the Court of Appeals, and in May last resigned the office of Chief Justice of Kentucky. He is still in the prime of intellectual life, and brings with him into the University a reputation for uprightness and purity, professional learning, and mental vigor, which will give additional character to the department in which he is to labor. As a jurist he ranks among the ablest in the United States, and as a speaker he is forcible and eloquent. We congratulate the friends of the University on this excellent appointment, and take great pleasure in stating that its Law department has the promise of as prosperous a career as that enjoyed by the department of medicine.

MEDICAL CHANGES AND APPOINTMENTS.

Prof. John P. Harrison has been transferred to the chair of Theory and Practice of Medicine in the Medical College of Ohio. He is succeeded in the chair of Materia Medica by Prof. L. M. Lawson, late of the Medical Department of Transylvania University. Prof. Dickson of the Medical College at Charleston, S. C., has been selected to fill the vacancy occasioned by the death of Prof. Revere, in the Medical Department of the New York University. Prof. Henry, of Princeton, takes the Chemical chair vacated by Dr. Hare in the Pennsylvania University.

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